

Name  
in  
Full

## CERTIFICATE OF DEATH

Beatrice Ambley

TO BE ANSWERED BY  
NEAREST FRIEND

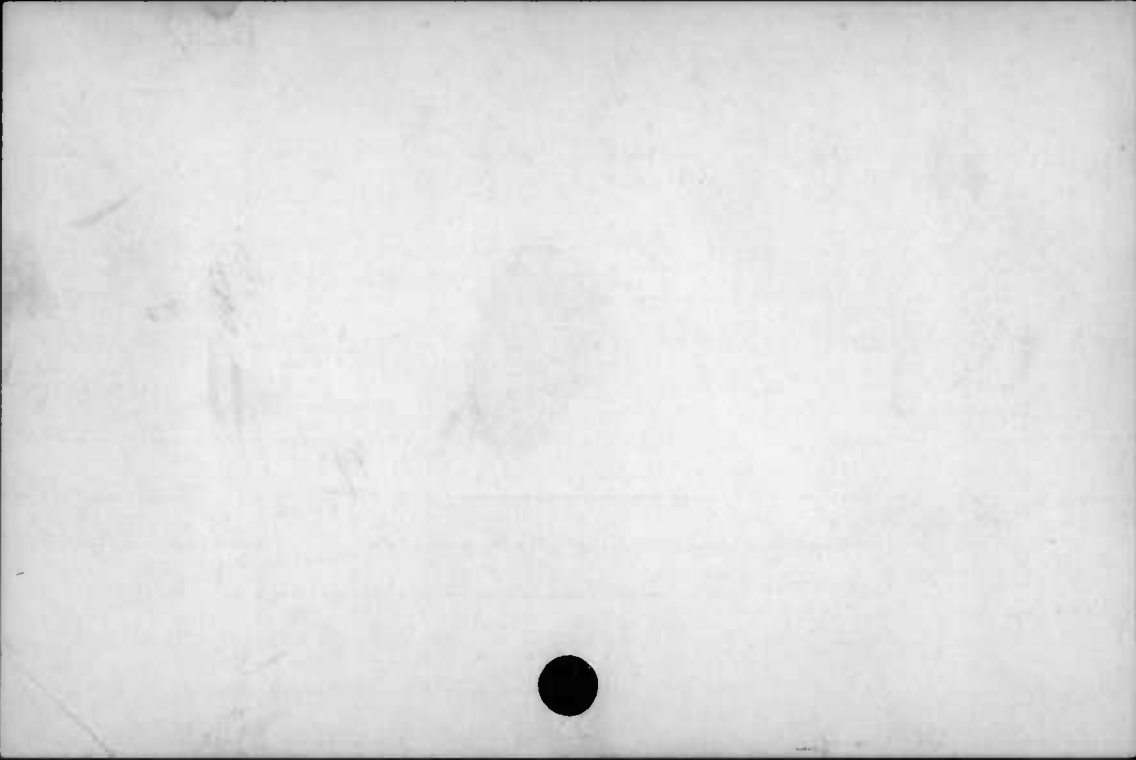
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		Sept.	24	Age 0	4	12	
Sex	female	Color or Race	colored		Birth-place	Anne Arundel Co.	
Occupation	none		Where Residing if not at place of death		Arnold Station		
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Henry Ambley				Father's Birthplace	West Virginia	
Mother's Maiden Name	Florence Griffin				Mother's Birthplace	Anne Arundel	
Name of person giving information	Florence Ambley				How related to deceased	mother	

## CAUSES OF DEATH

91

PHYSICIAN  
OR CORONER

Primary	Bronchitis Catarrh		How long	6 weeks
Immediate	Exhaustion		How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Yes.	Signature of Physician	R. P. Keenan
			Address	60 Cathedral
				Annapolis
Accident or Suicide?				



Name  
in  
Full

Charles Anderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Curtis Creek</i> <sup>Town</sup>		<i>A. A.</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1907</i>	Month <i>September</i>	Day <i>20</i>	Age <i>31</i> <sup>Years</sup>	Months <i>.</i> Days <i></i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Sweden</i>		
Occupation <i>Laborer</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Unknown</i>	Name of Wife or Husband				
Father's Name <i>Unknown</i>	Fether's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving information <i>John Morgan &amp; Co. Boyle</i>	How related to deceased				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Drowning</i>	<i>172</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Am. St. Mary's Corner</i>	
	Address <i>South Baltimore</i>	
Accident or Suicide? <i>accidental</i>	<i>A. A. Co. Inc.</i>	



Name  
In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Mary Ann Baldwin</i>		Town <i>Robinson</i>		County <i>AA. Co</i>		STATE <i>MARYLAND</i>	
Died at		Month <i>Sept</i>		Day <i>17</i>		Years <i>65</i>	
Date of death <i>1907</i>		Age		Months		Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Easton Talbot Co</i>			
Occupation <i>House work</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Henry Baldwin</i>					
Father's Name <i>Richard Armistead</i>		Father's Birthplace <i>Talbot Co.</i>					
Mother's Maiden Name <i>Hendricks</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Linda A. Steel</i>		How related to deceased <i>Daughter</i>					

## CAUSES OF DEATH

120

How long

*10 yrs.*

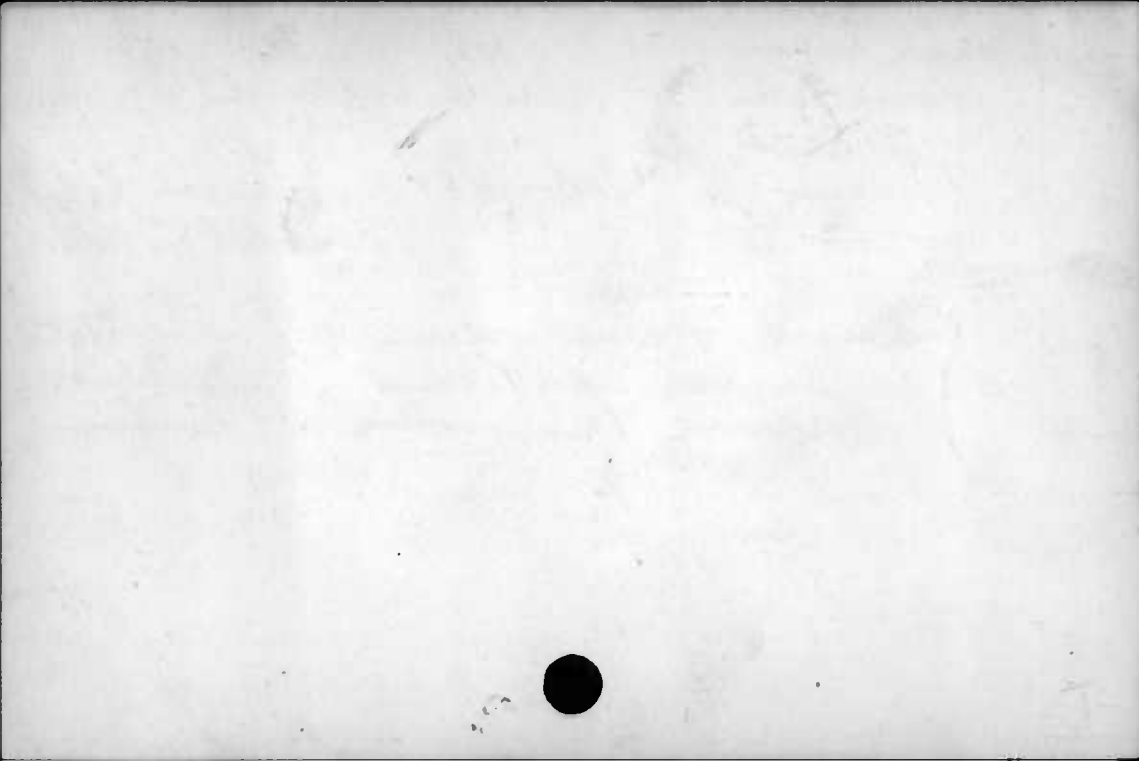
How long

PHYSICIAN  
OR CORONERPrimary *Chronic Nephritis*Immediate *Paralysis*Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

*L. E. Conradi.*  
*609 W. Franklin St*  
*Balto. Md.*Accident or Suicide? *+*



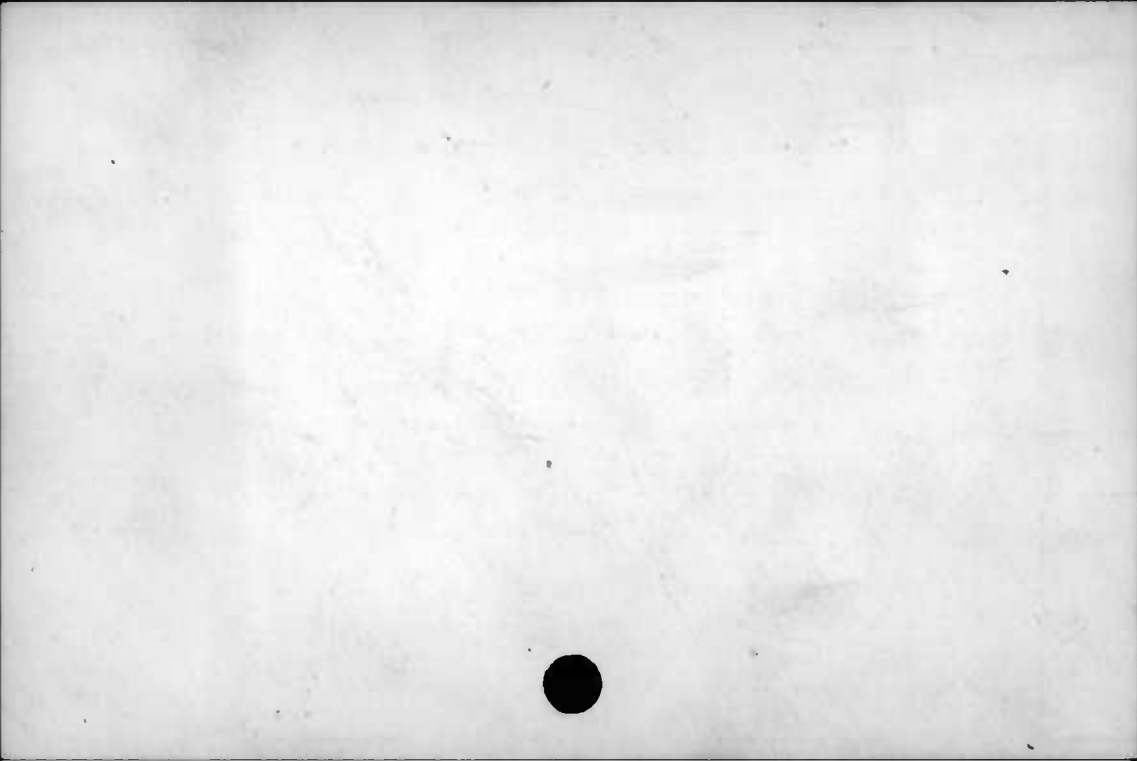
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i>		Town <i>Annapolis</i>		County <i>Prince Georges</i>		State <i>MARYLAND</i>	
Date of death	<i>1907</i>	Month <i>Sept</i>	Day <i>24</i>	Age <i>28</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Annapolis</i>				
Occupation				Where Residing if not at place of death <i>Nest St Court</i>			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband					
Father's Name <i>James H Snowden</i>				Father's Birthplace <i>Prince Georges Md</i>			
Mother's Maiden Name <i>Leanne Parker</i>				Mother's Birthplace <i>A.A.C. Md</i>			
Name of person giving information <i>James H Snowden</i>				How related to deceased <i>father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Acute Enteritis (105)</i>	How long	<i>One week</i>
Immediate	<i>Exhaustion</i>	How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>R. V. Reese</i>
Address		<i>60 Cathedral St. Annapolis Md.</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

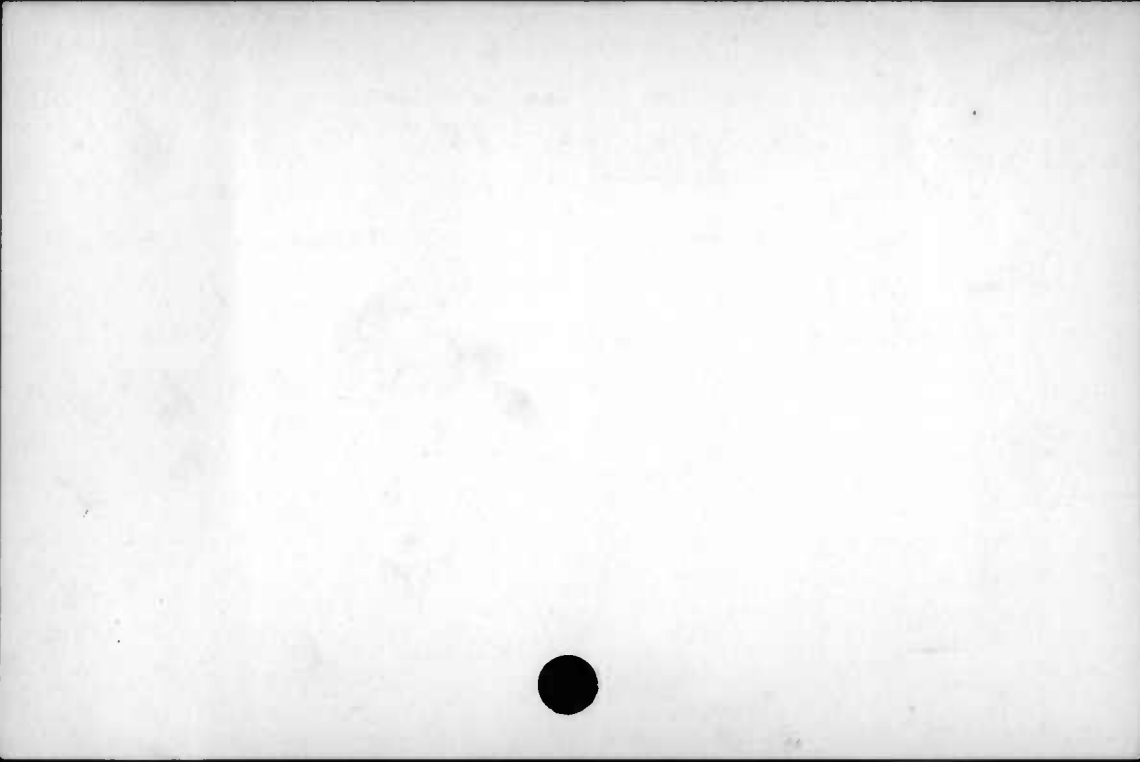
Name in Full <b>John Charles Boone</b>		Town <b>Lake Shore P.O.</b>		County <b>Anne arundel</b>		State <b>MARYLAND</b>	
Died at <b>Lake Shore P.O.</b>		Month <b>Sept.</b>		Day <b>19-</b>		Age <b>About 63 years</b>	
Date of death <b>1907</b>		Month <b>Sept.</b>		Day <b>19-</b>		Age <b>About 63 years</b>	
Sex <b>Male</b>		Color or Race <b>Colored</b>		Birth-place <b>A.A.Co.</b>			
Occupation <b>Mail carrier</b>		Where Residing if not at place of death <b></b>					
Married, Single or Widowed <b>Married</b>		Name of Wife or Husband <b>Maria Boone</b>					
Father's Name <b>Charles Boone</b>		Father's Birthplace <b>A.A.Co.</b>					
Mother's Maiden Name <b>Casey Richards</b>		Mother's Birthplace <b>A.A.Co.</b>					
Name of person giving information <b>Maria Boone</b>		How related to deceased <b>wife</b>					

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <b>Chronic Interstitial Nephritis</b>	How long <b>Two years</b>
Immediate <b>Hemorrhage in the Brain</b>	How long <b>Ten days</b>
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>James S. Bellingolia MD</b>
	Address <b>Armager</b>
Accident or Suicide? <b>No</b>	<b>Ma</b>



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Ira J. Brown</i>		Town <i>Laurel</i>		County <i>D. C. Co</i>		MARYLAND	
Died at <i>Laurel</i>		Date of death <i>1907 Sept 14</i>		Age <i>18</i>		Months <i>"</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>		Days <i>4</i>	
Occupation <i>Labourer</i>		Where Residing if not at place of death <i>Laurel</i>					
Married, Single or Widowed <i>yes</i>		Name of Wife or Husband <i>Mar</i>					
Father's Name <i>Thomas Brown</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Smith</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information		How related to deceased					

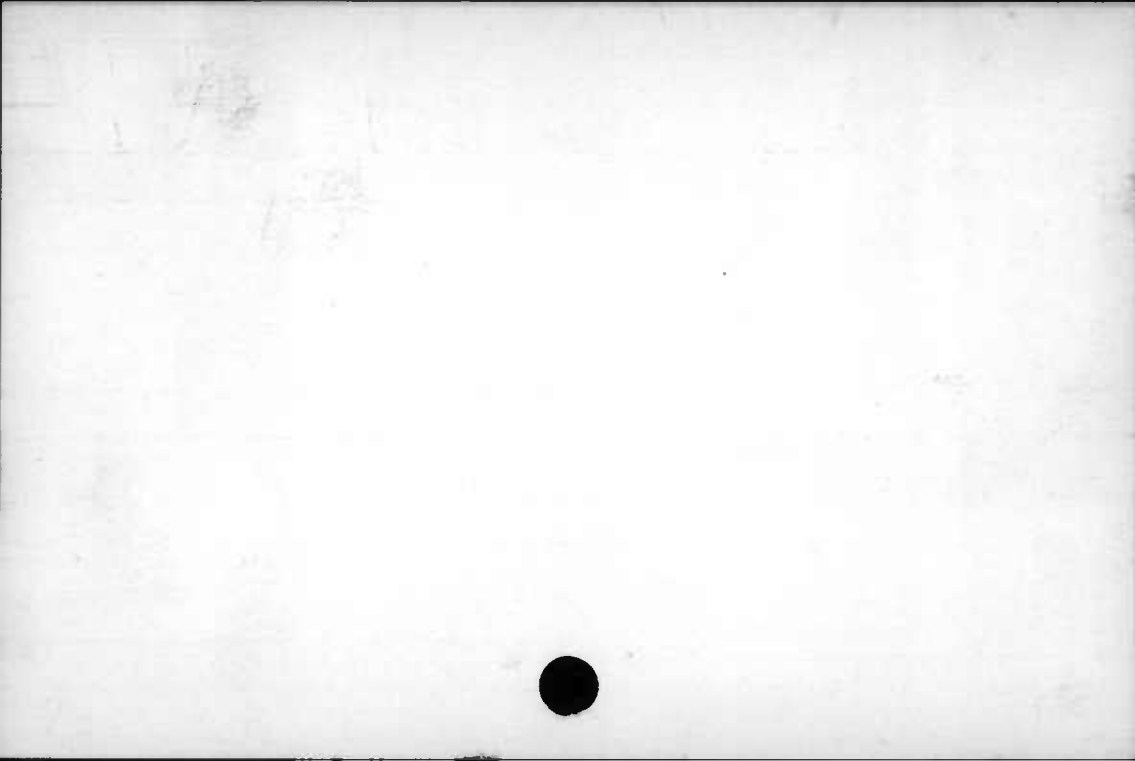
Gun-shot wound supposed to be accidental.

## CAUSES OF DEATH

166

PHYSICIAN  
OR CORONER

Primary <i>Gun shot wound</i>	How long
Immediate <i>Cerebral Hemorrhage</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. B. Hunt MD.</i>
	Address <i>Laurel</i>
Accident or <del>Suicide</del> <i>Accident?</i>	<i>Ind</i>



Name  
in  
Full

John H. Brown

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

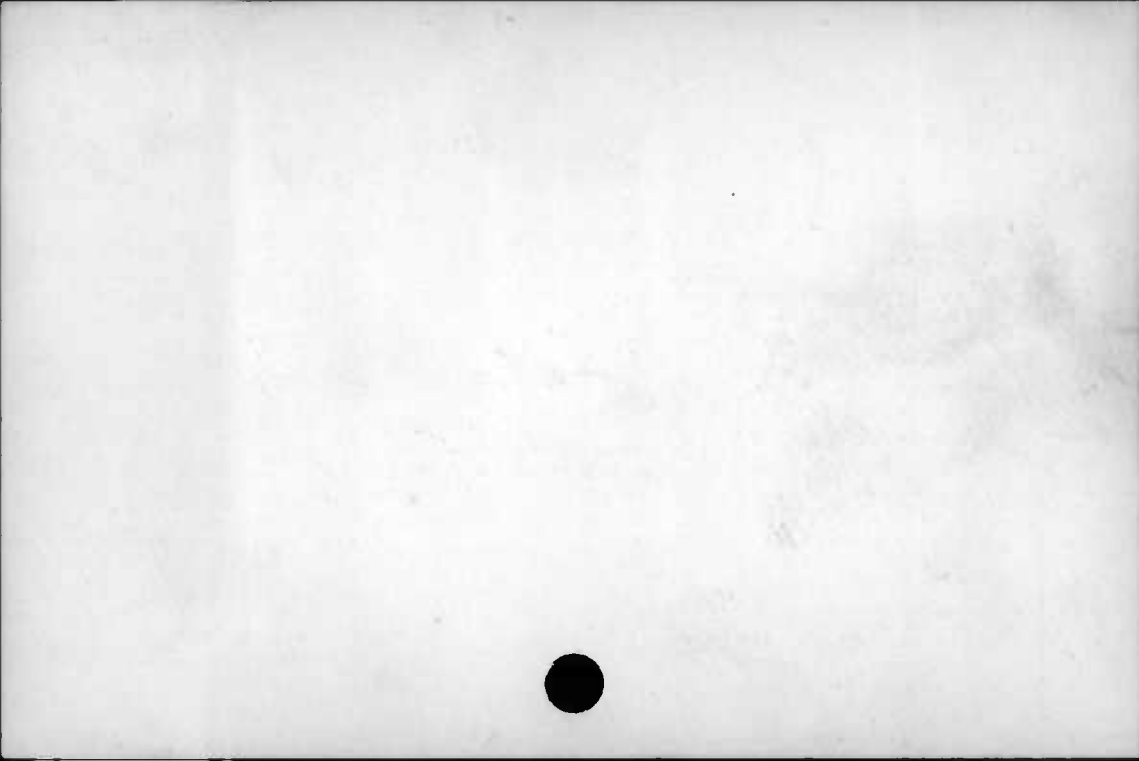
Died at <i>Pullman's Row</i>		Town		County <i>AA</i>		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Sept</i>	Day	<i>17<sup>th</sup></i>	Age	<i>7</i>
Sex	<i>Male</i>		Color or Race	<i>colored</i>		Birth-place	<i>Camp Parole</i>
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name	<i>Samuel Brown</i>			Father's Birthplace	<i>AA. Co.</i>		
Mother's Maiden Name	<i>Annie L. Walker</i>			Mother's Birthplace	<i>AA. Co.</i>		
Name of person giving information	<i>(11111111)</i>			How related to deceased	<i>Mother</i>		

## CAUSES OF DEATH

9

PHYSICIAN  
OR CORONER

Primary	<i>Membranous bronch</i>	How long	<i>Three days</i>
Immediate	<i>Asphyxia</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>		
Signature of Physician	<i>John Ridout, M.D.</i>		
Address	<i>Annapolis Md</i>		
Accident or Suicide?			



Name  
in  
Full

William Bullen

CERTIFICATE OF DEATH

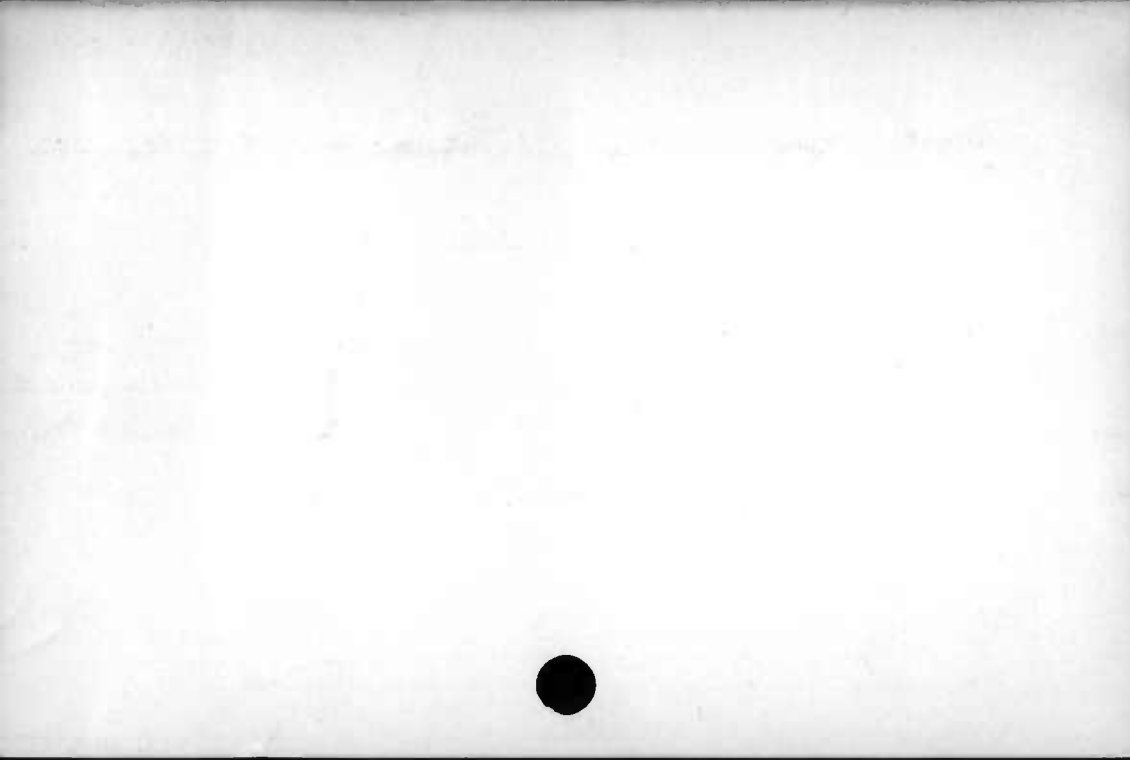
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>South River</i> <small>Town</small>		<i>Anne Arundel</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Sept</i>	Day	<i>14</i>
Age		<i>86</i>		Months	Days
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>Soldier</i>		Birth-place	<i>Kent Co.</i>	
Where Residing if not at place of death					
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		
Father's Name	<i>Jacob Bullen</i>			Father's Birthplace	<i>Kent Co.</i>
Mother's Maiden Name	<i>Mary Chambers</i>			Mother's Birthplace	<i>Kent Co.</i>
Name of person giving information	<i>Elizabeth Bullen</i>			How related to deceased	<i>Sister</i>

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Old age</i>	How long	<i>4</i>
Immediate	<i>Intermittent fever</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>John C. Robinson</i>	
		Address	
		<i>South River</i>	
Accident or Suicide?			



Name  
in  
Full

Not named

booke

## CERTIFICATE OF DEATH

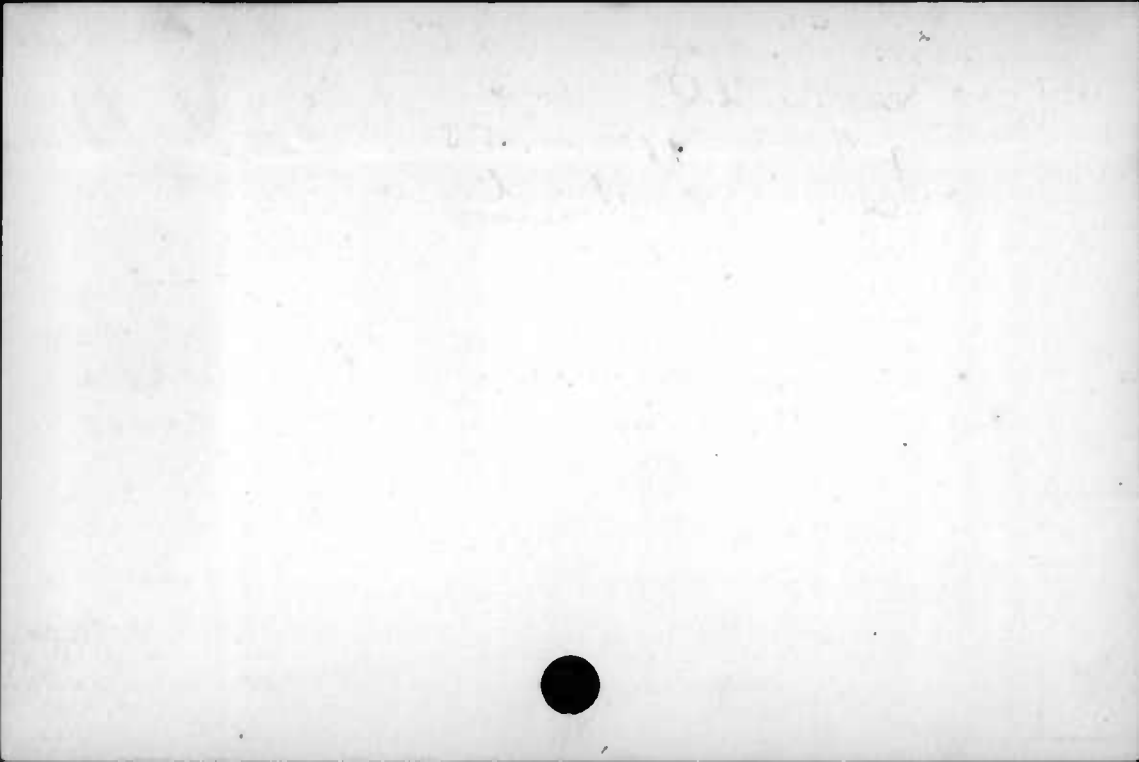
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>So. Balto</b> <small>Town</small>		<b>Ac. A.</b> <small>County</small>		<b>MARYLAND</b>	
<b>Date</b> of death <b>1907</b>	<b>Month</b> <b>Jan</b>	<b>Day</b> <b>6</b>	<b>Age</b> <b>—</b>	<b>Years</b> <b>—</b>	<b>Months</b> <b>1</b>
<b>Sex</b> <b>Female</b>	<b>Color or Race</b> <b>Black</b>		<b>Birth-place</b> <b>Solley Md</b>		
<b>Occupation</b> <b>—</b>			<b>Where Residing if not at place of death</b> <b>—</b>		
<b>Married, Single or Widowed</b> <b>—</b>			<b>Name of Wife or Husband</b> <b>—</b>		
<b>Father's Name</b> <b>Thos. G. Cooke</b>			<b>Father's Birthplace</b> <b>Md</b>		
<b>Mother's Maiden Name</b> <b>Emma G. Sampson</b>			<b>Mother's Birthplace</b> <b>Md</b>		
<b>Name of person giving information</b> <b>Thos. G. Cooke</b>			<b>How related to deceased</b> <b>Father</b>		

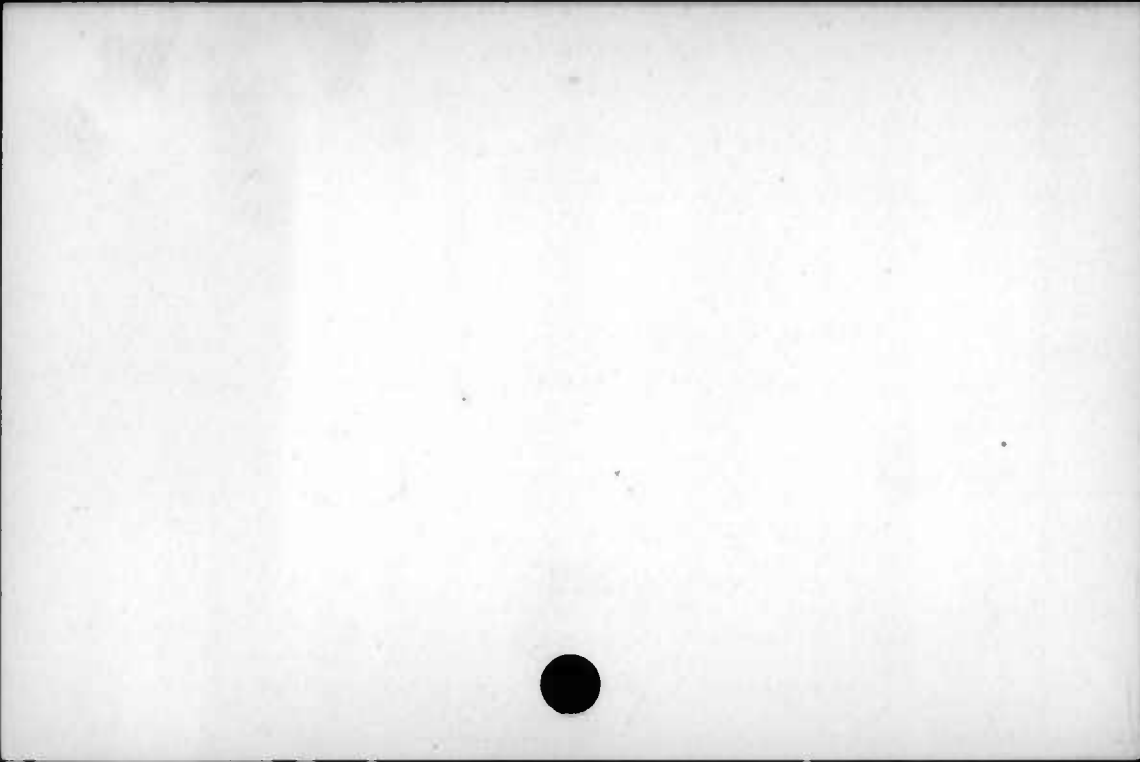
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

<b>Primary</b> <b>Acute Indigestion</b>	<b>How long</b> <b>one day</b>
<b>Immediate</b> <b>Convulsions</b>	<b>How long</b> <b>7 hours</b>
<b>Are the name, age, sex, color, date and place correctly given above?</b> <b>yes</b>	<b>Signature of Physician</b> <b>Thos. B. Horton M.D.</b>
	<b>Address</b> <b>So. Balto. Md</b>
<b>Accident or Suicide?</b> <b>—</b>	



Name in Full		Certificate of Death			
Ellsworth Ostoun Culbertson		MARYLAND			
Town		County			
Died at Armiger P.O.		Anne Arundel			
Date of death		Month	Day	Age	Years
1907		Sept	22		2
Sex		Color or Race	Birthplace	Days	
Male		White	A.A.Co.	14	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Single					
Father's Name		Father's Birthplace		Mother's Birthplace	
Unknown		Unknown		Baltimore	
Mother's Maiden Name		Name of person giving information		How related to deceased	
Amy Culbertson		Mrs. Cole		Friend	
CAUSES OF DEATH					
Primary		How long			
Summer Complaint		One month			
Immediate		How long			
Acute Indigestion -		24 hours			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
Yes		James S. Bellingslea MD			
Address		Armiger			
Accident or Suicide?		Md			
No					



Name  
in  
Full

Mary Daniels

## CERTIFICATE OF DEATH

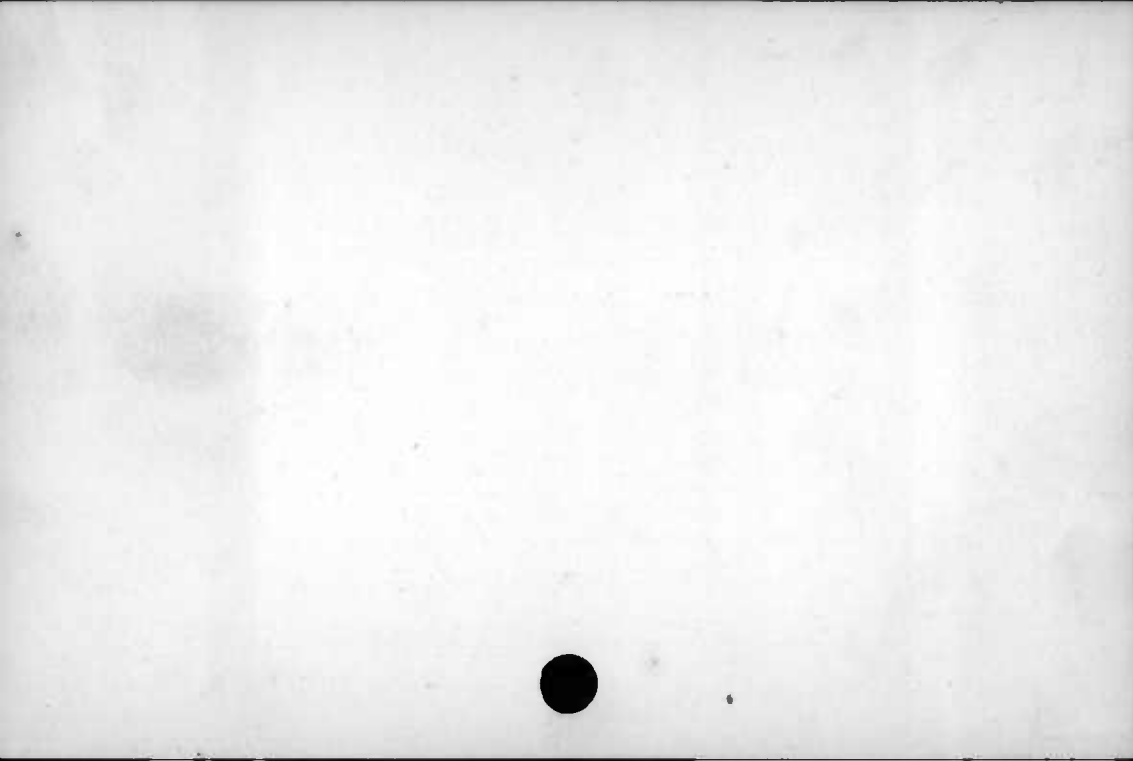
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Annapolis</u> <sup>Town</sup>		<u>a a bo.</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1907</u> <sup>Year</sup>	<u>Sept</u> <sup>Month</sup>	<u>9</u> <sup>Day</sup>	Age <u>84</u> <sup>Years</sup>	<u>      </u> <sup>Months</sup>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Ireland</u>			
Occupation <u>House Work</u>	Where Residing if not at place of death <u>      </u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>John Daniels</u>				
Father's Name <u>Unknown</u>	Father's Birthplace <u>Unknown</u>				
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>Unknown</u>				
Name of person giving information <u>Marie Daniels</u>	How related to deceased <u>Daughter</u>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Sarcoma</u>	<u>(45)</u>	How long <u>3 wks.</u>
Immediate <u>Exhaustion</u>		How long <u>      </u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. C. Lewis, M.D.</u>	
	Address <u>9 St. John St.</u>	
	<u>Annapolis, Md.</u>	
Accident or Suicide? <u>      </u>		



Name  
in  
Full

Murdal S. Davis

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Shady Side</u> <small>Town</small>		<u>A. H.</u> <small>County</small>		MARYLAND	
Date of death	<u>1907</u>	<u>Sept</u> <small>Month</small>	<u>22</u> <small>Day</small>	<u>—</u> <small>Years</small>	<u>11</u> <small>Months</small> <u>21</u> <small>Days</small>
Sex	<u>Female</u>		Color or Race	<u>Colored</u>	
Occupation	<u>None</u>		Birth-place	<u>Ind.</u>	
Where Residing if not at place of death			<u>—</u>		
Married, Single or Widowed	<u>Single</u>		Name of Wife or Husband	<u>—</u>	
Father's Name	<u>Geo. W. Davis</u>			Father's Birthplace	<u>Ind.</u>
Mother's Maiden Name	<u>Allice Tongue</u>			Mother's Birthplace	<u>Ind.</u>
Name of person giving information	<u>Geo W Davis</u>			How related to deceased	<u>Father</u>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

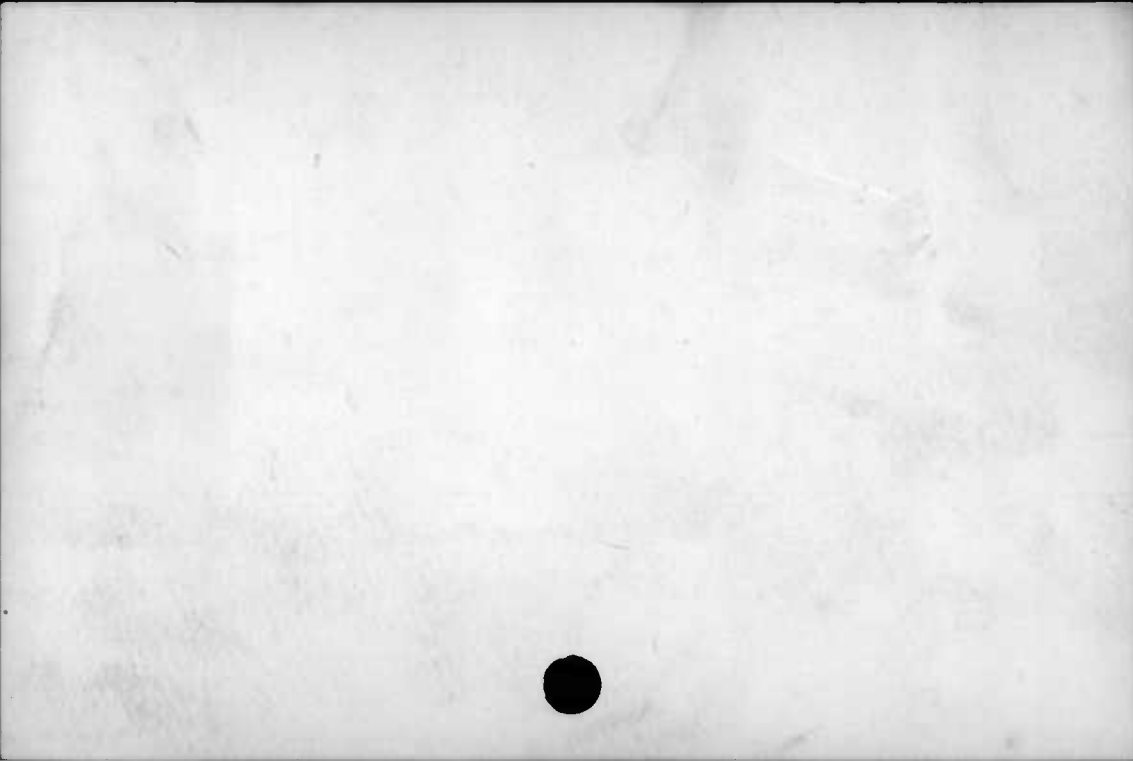
Primary	<u>Gastritis</u>	<u>104</u>	How long	<u>3 weeks</u>
Immediate	<u>Exhaustion</u>		How long	<u>2 days</u>
Are the name, age, sex, color, date and place correctly given above?		<u>Yes</u>	Signature of Physician <u>Geo. T. Smith</u>	
			Address <u>Chamilton</u>	
Accident or Suicide?		<u>—</u>		



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Curtis Bay</i> <sup>Town</sup>		County <i>A</i>	
		Date of death <i>1907 Sept 13</i>		Age <i>1</i> Years	
		Sex <i>Female</i>		Color or Race <i>white</i>	
		Occupation		Birth-place <i>7th St</i>	
		Where Residing if not at place of death			
		Married, Single or Widowed <i>Single</i>		Name of Wife or Husband	
Father's Name <i>Valentine Doukowske</i>		Father's Birthplace <i>Poland</i>			
Mother's Maiden Name <i>Aliy</i>		Mother's Birthplace <i>Unknown</i>			
Name of person giving information <i>''</i>		How related to deceased <i>Mother</i>			
		CAUSES OF DEATH <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">105</span>			
PHYSICIAN OR CORONER		Primary <i>Enteric Colitis</i>		How long <i>one week</i>	
		Immediate <i>Convulsions</i>		How long <i>3 hours</i>	
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H. B. Horton M.D.</i>	
				Address <i>So. Baltimore Md</i>	
		Accident or Suicide? <i>Accident</i>			



Name in Full		Luisa Green		CERTIFICATE OF DEATH	
Died at		Town	County	MARYLAND	
Date of death		Month	Day	Years	Months
1907		Sept	60th		5
Sex	Female	Color or Race	Colored	Birth place	189 Chestnut St
Occupation		Where Residing if not at place of death		189 Chestnut St	
Married, Single or Widowed		Name of Wife or Husband			
Father's Name	Joseph Green	Father's Birthplace	Annapolis		
Mother's Maiden Name	Slice Green	Mother's Birthplace	Md		
Name of person giving information	Mother Slice Green	How related to deceased	Mother		
CAUSES OF DEATH					
Primary	Inanition	How long	(151)		
Immediate	Asthma	How long			
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	John Ridout		
		Address	Annapolis Md		
Accident or Suicide?					



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

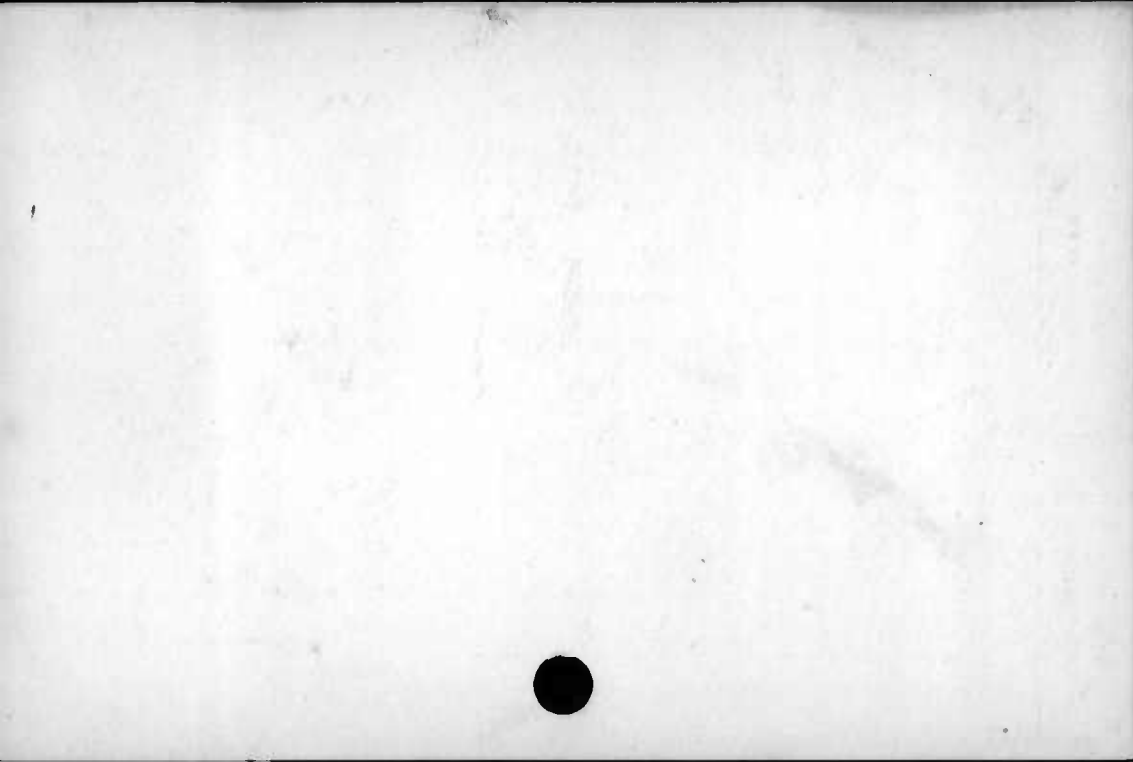
## CERTIFICATE OF DEATH

Died at <i>3 district</i> Town <i>of</i> <i>A.A. Co</i> County <i>md.</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Sept</i>	Day <i>4</i>	Age <i>19</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>3 district md.</i>	<i>a a b o</i>
Occupation <i>School Child</i>	Where Residing if not at place of death <i>3 district A.A. Co md.</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>unknown</i>		
Father's Name <i>Benjamin Griffer</i>	Father's Birthplace <i>Harford Co</i>		
Mother's Maiden Name <i>Mary Hammond</i>	Mother's Birthplace <i>3 district md.</i>		
Name of person giving information <i>Benjamin Griffer</i>	How related to deceased. <i>Father</i>		

## CAUSES OF DEATH

(92)

Primary <i>Broncho-Pneumonia</i>	How long <i>Four weeks</i>
Immediate <i>Heart Failure</i>	How long <i>Hours.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. P. Keenan</i>
	Address <i>60 Cathedral St</i>
	<i>Annapolis md</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Garuson Leonard Hardy

Died at *William* Town*Anne* County

MARYLAND

Date  
of death *1907*Month  
*Sept*Day  
*18*

Age

Years

Months

Days

Sex

*Male*Color or  
Race*Black*Birth-  
place*Atco Md*

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name*Dennis Hardy*Father's  
Birthplace*Atco Md*Mother's  
Maiden Name*Estelle Warren*Mother's  
Birthplace*Atco Md*Name of person giving  
in formation*Dennis Hardy*How related  
to deceased*Father*

## CAUSES OF DEATH

93

Primary

*Pneumonia*

How long

*5 days*

Immediate

*Debility -*

How long

*12 hours*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*Le R. Winkerson M.D.*

Address

*Hanover**Md*

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

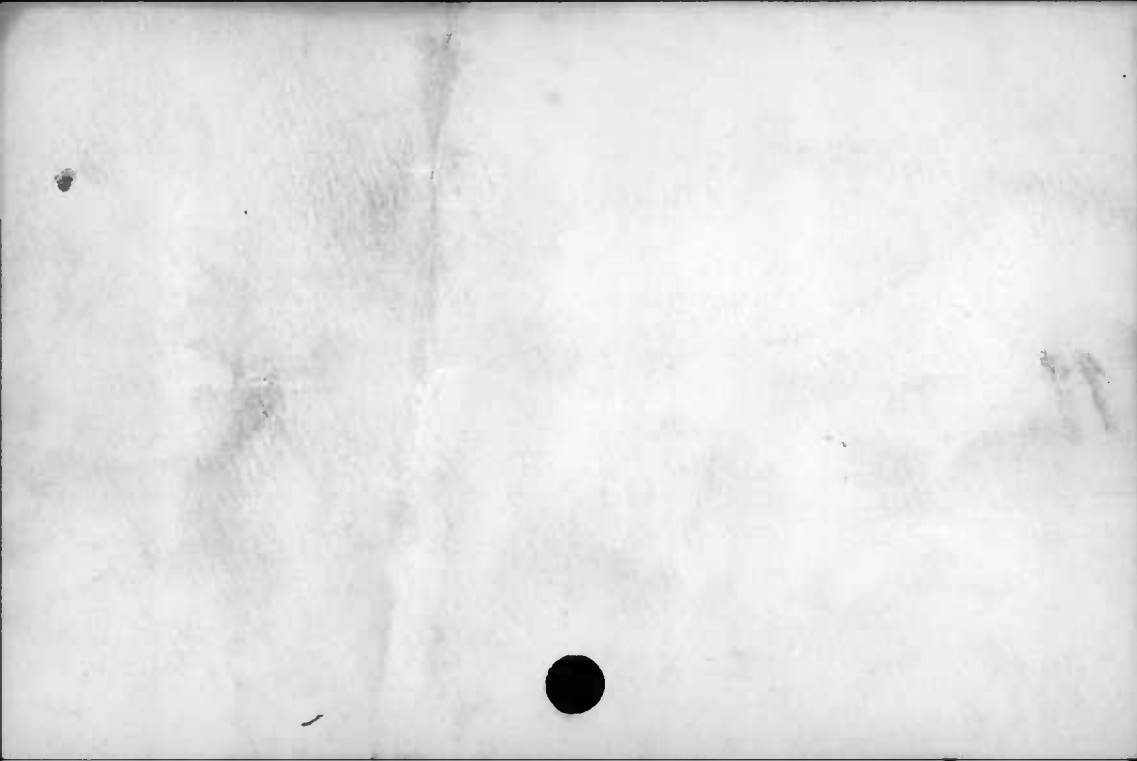
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		Sept	26	Age 25			
Sex		Color or Race		Birth-place			
Male		Colored		St. Marys			
Occupation				Where Residing if not at place of death			
Laborer				At home			
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name				Father's Birthplace			
James Hunt				St. Marys			
Mother's Maiden Name				Mother's Birthplace			
Margaret Robertson				St. Marys			
Name of person giving information				How related to deceased			
James Hunt.				Brother			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Spontaneous	How long	12 hours
Immediate	Corn	How long	12 hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. D. Ridout M.D.
		Address	Annapolis Md
			R. F. Dr. No 1
Accident or Suicide?			



Name  
in  
Full

Louis Washington Jeffries

## CERTIFICATE OF DEATH

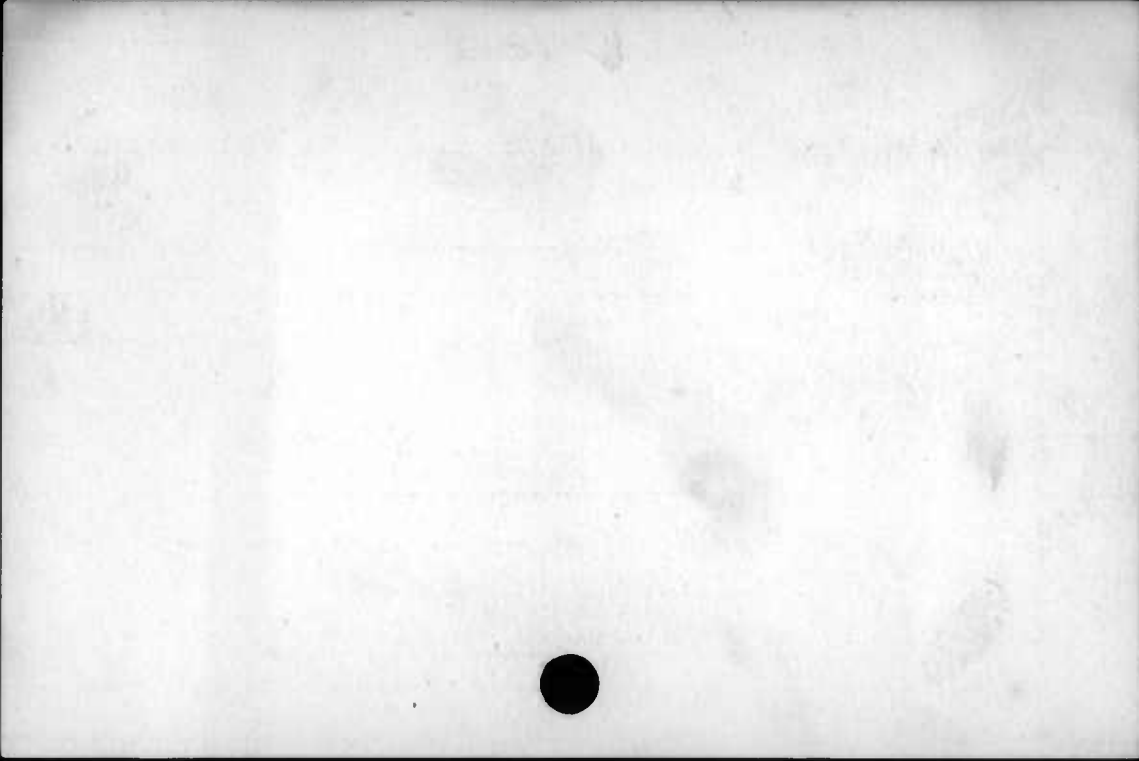
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Erleigh Heights</i> <sup>Town</sup>		<i>A. &amp; Leo</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1907</i> <sup>Month</sup>	<i>Sept</i> <sup>Day</sup>	<i>3</i> <sup>Age</sup>	<i>X</i> <sup>Years</sup>	<i>3</i> <sup>Months</sup>
					<i>8</i> <sup>Days</sup>
Sex	<i>Male</i>		Color or Race	<i>Coloured</i>	
Occupation	_____		Birth-place	<i>Erleigh Heights</i>	
Where Residing if not at place of death			<i>Erleigh Heights</i>		
Married, Single or Widowed	_____		Name of Wife or Husband	_____	
Father's Name	<i>Louis Washington Jeffries</i>			Father's Birthplace	<i>N. C.</i>
Mother's Maiden Name	<i>Anna Jones</i>			Mother's Birthplace	<i>N. C.</i>
Name of person giving information	<i>Louis Washington Jeffries</i>			How related to deceased	<i>Father</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Marasmus</i>	How long	<i>3 wks</i>
Immediate	<i>Weakness</i>	How long	<i>undetermined</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Chas D. Reiter</i>
		Address	<i>Robinson</i>
			<i>Ind.</i>
Accident or Suicide?			



Name  
in  
Full

albert Johnson.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i> <sup>Town</sup>		<i>A. A.</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	<i>Sept</i> <sup>Month</sup>	<i>19</i> <sup>Day</sup>	Age <i>1</i> <sup>Years</sup>	<i>2</i> <sup>Months</sup>	<i>11</i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>Colord.</i>		Birth-place <i>Annapolis</i>		
Occupation <i>—</i>	Where Residing if not at place of death <i>Co. North West. St.</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>unknown</i>				
Father's Name <i>Charles Johnson</i>	Father's Birthplace <i>Annapolis</i>				
Mother's Maiden Name <i>Harriet Green</i>	Mother's Birthplace <i>Annapolis</i>				
Name of person giving information <i>Harriet Green</i>	How related to deceased <i>Mother</i>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Marasmus</i>	How long <i>Months</i>
Immediate <i>Exhaustion</i>	How long <i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John Ridout</i>
	Address <i>Annapolis Md</i>
Accident or Suicide?	

Asbury Cemetery

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Mrs Aveline Johnson

Town *Brooklyn* County *aa*

Died at *Brooklyn*

Date of death 1907 *9* Month *27* Day *5-4* Age *5-4* Years Months Days

Sex *Female* Color or Race *white* Birth-place *md*

Occupation *Housewife* Where Residing if not at place of death *-*

Married, Single or Widowed *Widow* Name of Wife or Husband *John W. Johnson*

Father's Name *John W. Thompson* Father's Birthplace *md*

Mother's Maiden Name *Mary M. Thompson* Mother's Birthplace *md*

Name of person giving information *Jae Johnson* How related to deceased *Son*

## CAUSES OF DEATH

40

PHYSICIAN  
OR CORONER

Primary *Cancer of stomach* How long

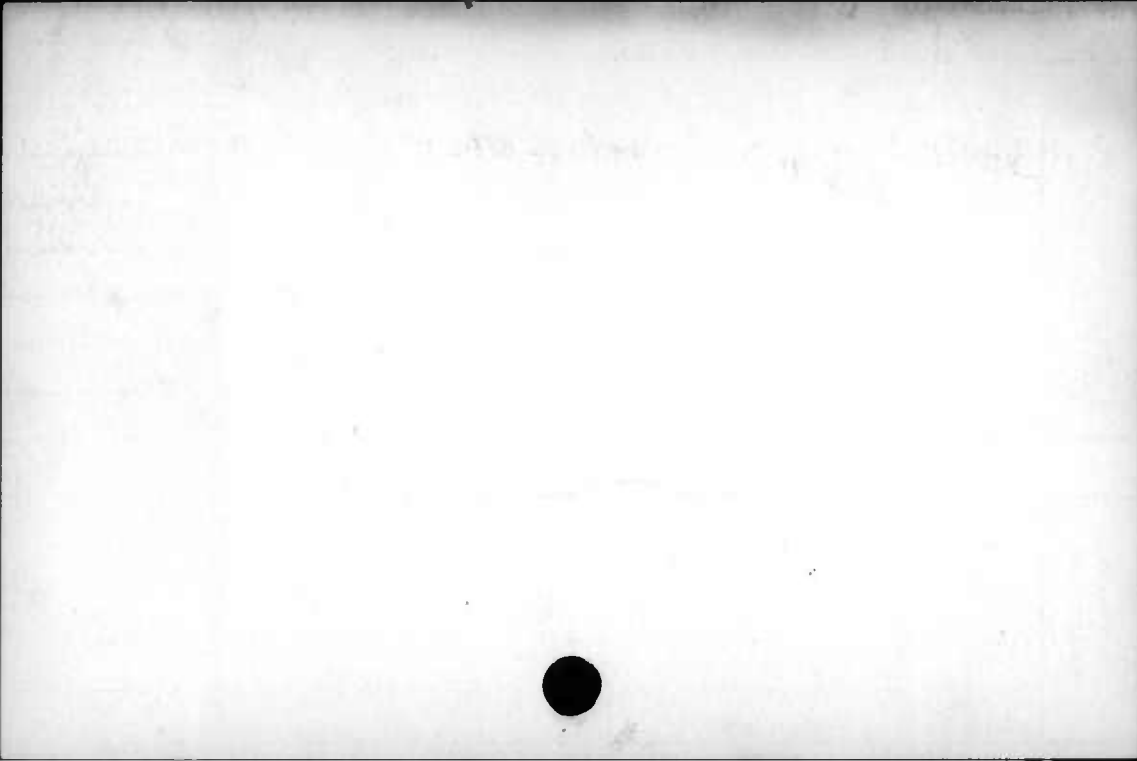
Immediate *Exhaustion* How long

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Chas. H. Moore*

Address *Brooklyn*

Accident or Suicide? *-*



Name  
in  
Full

Charles Johnson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

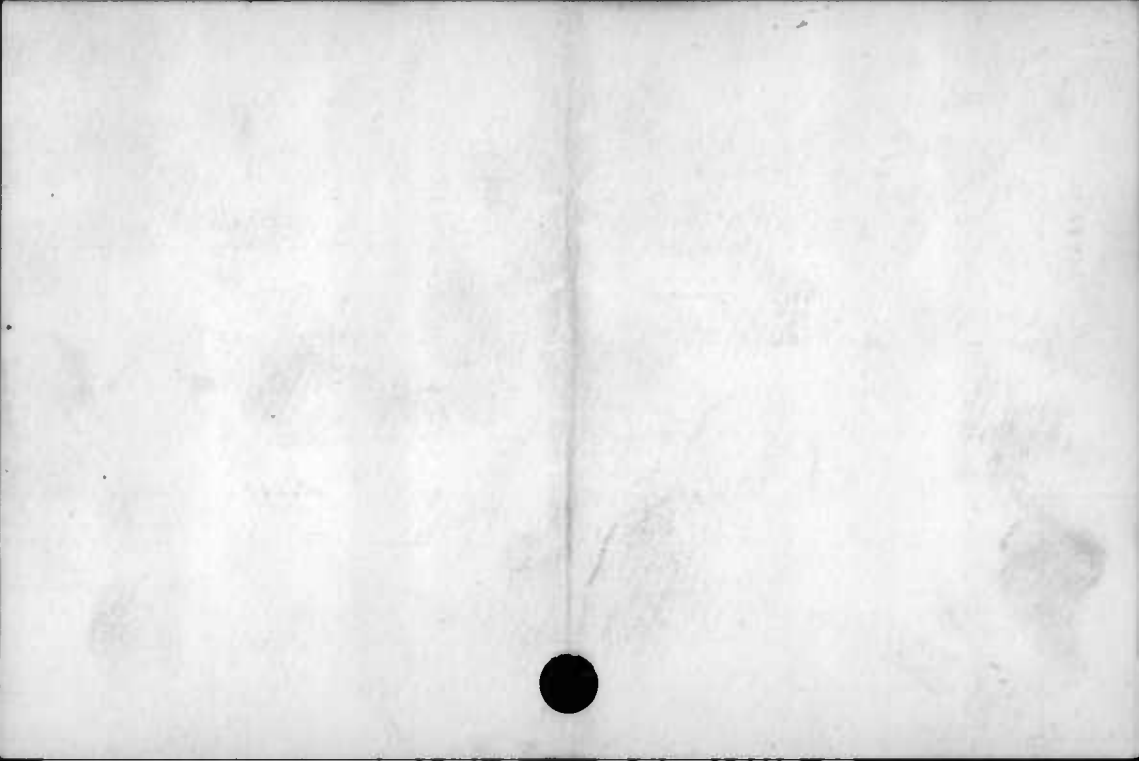
Died at <i>Annapolis</i>		County <i>A - A - Co.</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Sept</i>	Day <i>7</i>	Age <i>8</i>	Months <i>4</i>	Days <i>0</i>
Sex <i>Male</i>	Color or Race <i>Colord</i>		Birthplace <i>Annapolis Md.</i>		
Occupation <i>unknown</i>	Where Residing if not at place of death <i>C North West St</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>unknown</i>				
Father's Name <i>Charles Johnson</i>	Father's Birthplace <i>Annapolis Md.</i>				
Mother's Maiden Name <i>Harriet Green</i>	Mother's Birthplace <i>Annapolis</i>				
Name of person giving information <i>Harriet Green</i>	How related to deceased <i>Mother</i>				

## CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary <i>Broncho Pneumonia</i>	How long <i>six days</i>
Immediate <i>Exhaustion</i>	How long <i>gradual</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John Ridout, M.D.</i>
	Address <i>Annapolis Md</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

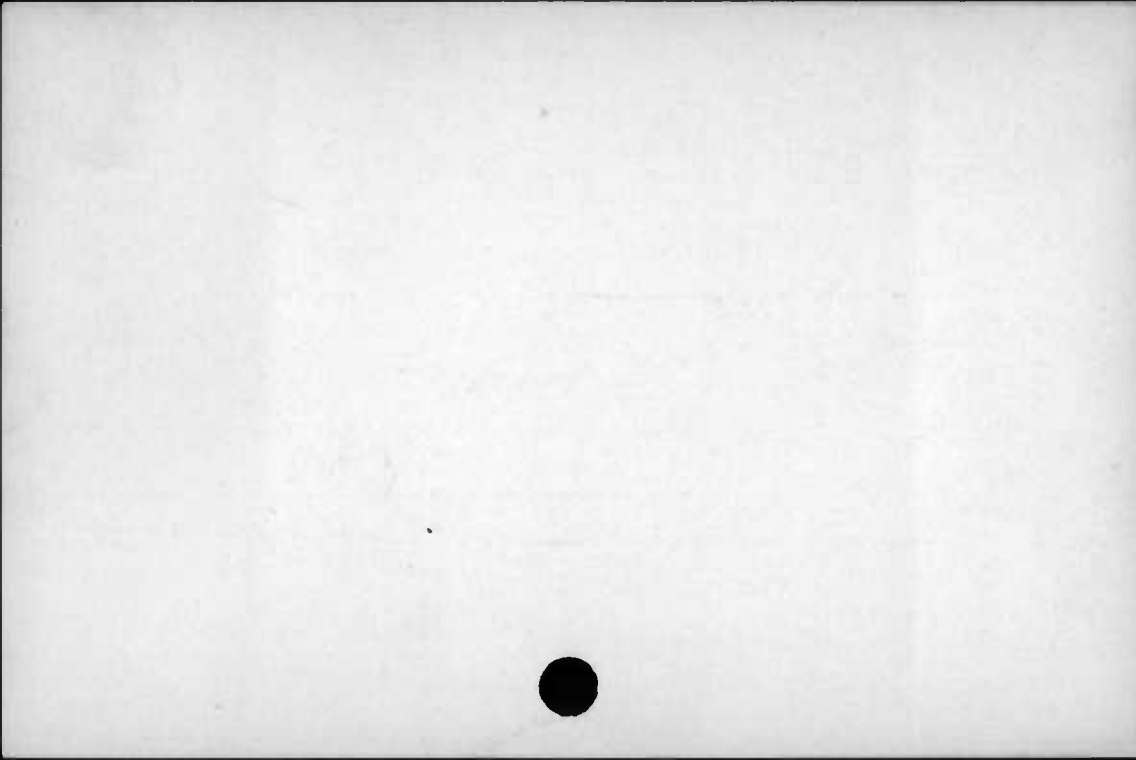
Died at <i>Annapolis</i> <sup>Town</sup>		<i>A A</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	<i>Sept</i> <sup>Month</sup>	<i>30</i> <sup>Day</sup>	<i>—</i> <sup>Years</sup>	<i>5</i> <sup>Months</sup>	<i>—</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Annapolis Md</i>		Occupation <i>—</i>	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Calvin Jones</i>		Father's Birthplace <i>Eastern Shore Md</i>			
Mother's Maiden Name <i>Grace Shoemaker</i>		Mother's Birthplace <i>Baltimore Md</i>			
Name of person giving information <i>Grace Shoemaker</i>		How related to deceased <i>Mother</i>			

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <i>Marasmus</i>	How long <i>—</i>
Immediate <i>Starved once, day before yesterday, in the street.</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm J. Smith</i>
<i>J</i>	Address <i>Annapolis</i>
	Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Near Annapolis 2 dist.</i>		Town		County		A.A.	
Date of death	1907	Month	Sept	Day	27	Age	6
Sex	Female		Color or Race	Colored		Birth-place	2 dist - A.A.Co.
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Thomas. Baylor				Father's Birthplace <i>W.A.C. Mo Davidsonville</i>		
Mother's Maiden Name	Avery Cramp				Mother's Birthplace <i>"</i>		
Name of person giving information	<i>W. Mead Holliday</i>				How related to deceased <i>Not Related</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Marasmus</i>		How long	<i>Months</i>
Immediate	<i>Exhaustion</i>		How long	<i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	<i>John Bidonich</i>
			Address	<i>Annapolis Md</i>
Accident or Suicide?				



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Sept.	24			11	10
Sex	Male	Color or Race	White		Birth-place	Annapolis.	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Stanley J. King David				Father's Birthplace	
						Cleveland O.	
Mother's Maiden Name		Ethel V. Hibberd				Mother's Birthplace	
						Annapolis Md.	
Name of person giving information		Bessie L. Hibberd				How related to deceased	
						Aunt	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Enterocolitis	(105)	How long	4 months
Immediate	Exhaustion		How long	—
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		S. S. Hephburn		
Address		Annapolis Md.		
Accident or Suicide?				



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Philip Kirby*

Town *Annapolis* County *St. Anne's* MARYLAND

Died at *Annapolis*

Date of death | 90 | 7 | Month | *Sept* | Day | *24* | Age | *9* | Years | *9* | Months | *9* | Days |

Sex *Male* Color or Race *Caucasian* Birth-place *Annapolis*

Occupation *Unknown* Where Residing if not at place of death *186 Senior*

Married, Single or Widowed *Single* Name of Wife or Husband *Unknown*

Father's Name *James Kirby* Father's Birthplace *West River Md*

Mother's Maiden Name *Annis Hutton* Mother's Birthplace *Annapolis Md*

Name of person giving information *Annis Hutton Kirby* How related to deceased *Mother*

CAUSES OF DEATH

**105**

PHYSICIAN  
OR CORONER

Primary *Intestinal Catarrh* How long *2 weeks*

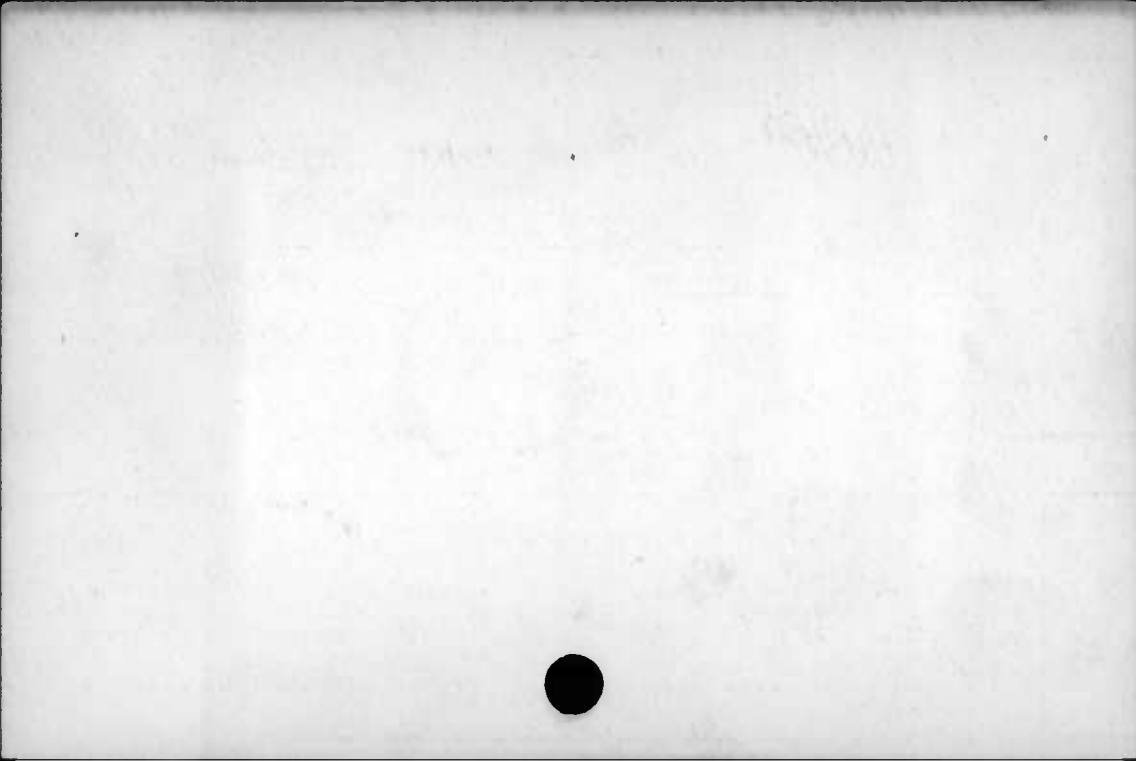
Immediate *Diarrhea* How long *24 hours*

Are the name, age, sex, color, date and place correctly given above? *yes.*

Signature of Physician *P. P. Kewee*

Address *60 Cathedral St Annapolis Ind.*

Accident or Suicide? *No*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

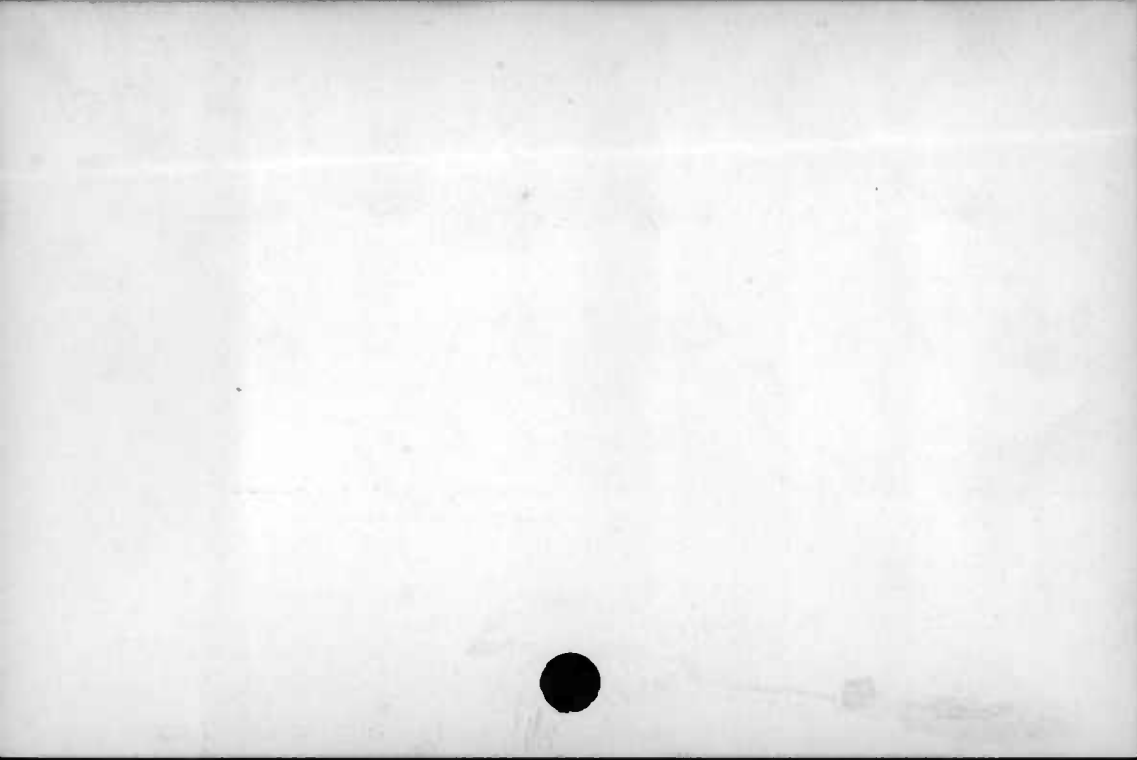
Name in Full <b>George H Lipp</b>		Town <b>So. Balto</b>		County <b>Art.</b>		MARYLAND									
Died at <b>So. Balto</b>		Date of death <b>1907</b>		Month <b>Sept</b>		Day <b>3</b>		Age <b>41</b>		Years <b>41</b>		Months <b>—</b>		Days <b>—</b>	
Sex <b>male</b>		Color or Race <b>white</b>		Birth-place <b>Balto</b>											
Occupation <b>Teamster</b>		Where Residing if not at place of death <b>620 E. Clement St. Balto. Md</b>													
Married, Single or Widowed <b>Single</b>		Name of Wife or Husband <b>—</b>													
Father's Name <b>John Lipp</b>		Father's Birthplace <b>Germany</b>													
Mother's Maiden Name <b>Margaret Beckstein</b>		Mother's Birthplace <b>Germany</b>													
Name of person giving information <b>John C. Lipp</b>		How related to deceased <b>Bro</b>													

## CAUSES OF DEATH

1104

PHYSICIAN  
OR CORONER

Primary <b>Acute Indigestion</b>		How long <b>6 hours</b>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>Thos. B. Horton M.D.</b>	
		Address <b>So. Balto, Md -</b>	
Accident or Suicide?			



Name  
in  
Full

*Leroy Malle*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

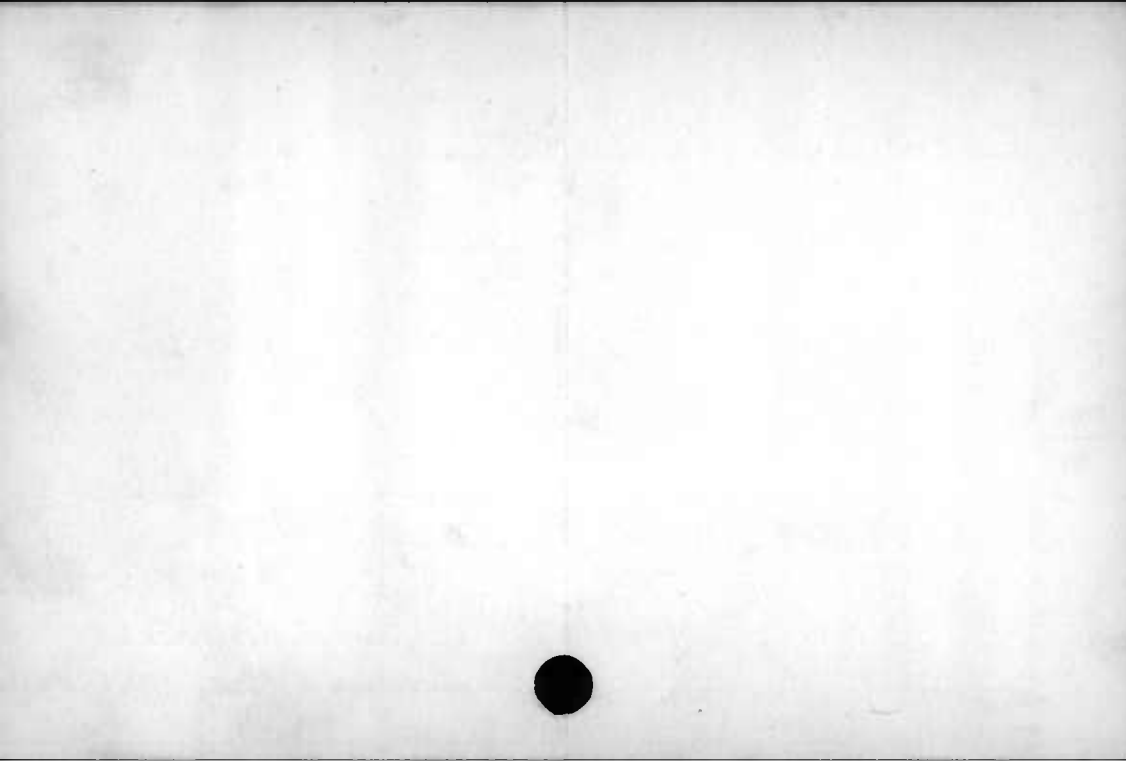
Died at <i>East Brooke</i> Town		<i>aa</i> County		MARYLAND	
Date of death <i>1907</i>	<i>Sept</i> Month	<i>14</i> Day	Age	<i>8</i> Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>East Brooke</i>			
Occupation <i>—</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>Susie Malle</i>				
Father's Name <i>George Malle</i>	Father's Birthplace <i>Me</i>				
Mother's Maiden Name <i>Susie Huckle</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>George Huckle</i>		How related to deceased			

CAUSES OF DEATH

**105**

PHYSICIAN  
OR CORONER

Primary <i>Edna Collier</i>	How long <i>24 hrs</i>
Immediate <i>Heart failure</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. H. Harrison</i>
<i>Q</i>	Address <i>Brooklyn Me</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

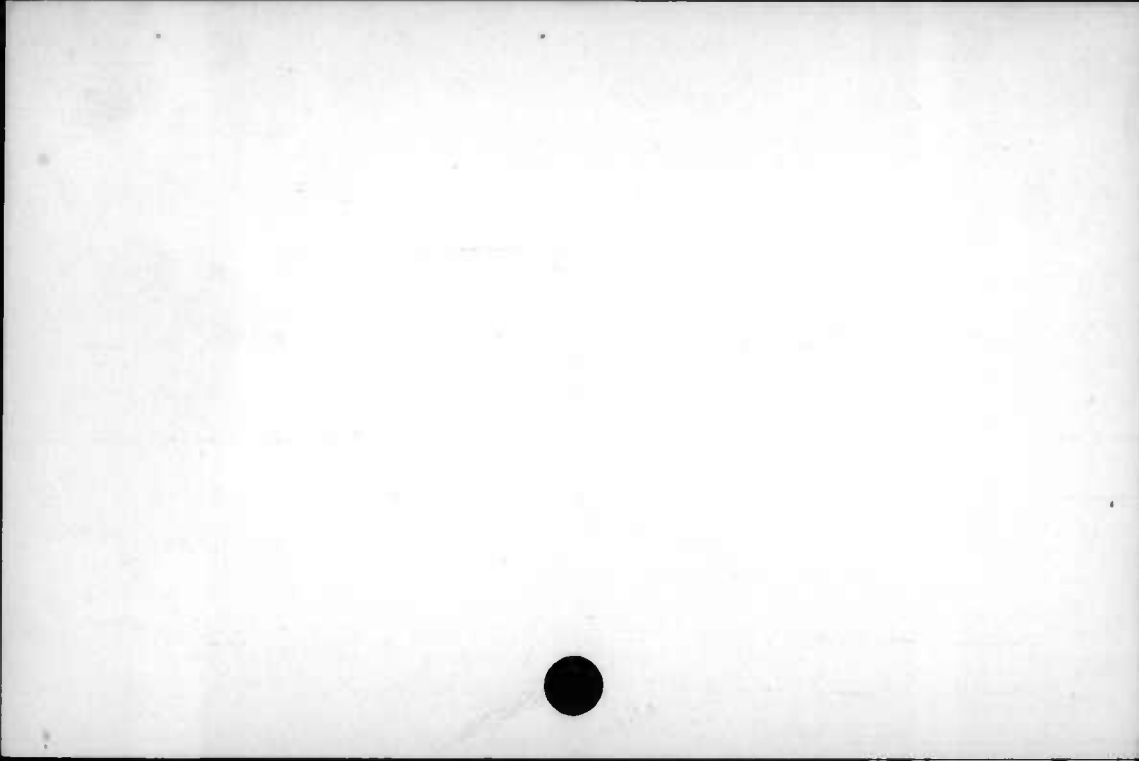
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Shady Side</i> Town <i>Mathew</i> County <i>A</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Sept</i>	Day <i>14</i>	Age <i>—</i> Years <i>—</i> Months <i>3</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Ind</i>	
Occupation <i>none</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>Water Matthews</i>	Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Rachel Matthews</i>	Mother's Birthplace <i>Ind</i>		
Name of person giving Information <i>Alongzo Matthews</i>	How related to deceased <i>Uncle</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Marasmus</i>	<i>179</i>	How long <i>2 month</i>
Immediate <i>Exhaustion</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo. T. Drub M D</i>	
	Address <i>Churchoke</i>	
Accident or Suicide? <i>—</i>		



Name  
in  
Full

Alvin. Adam Mauppin.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

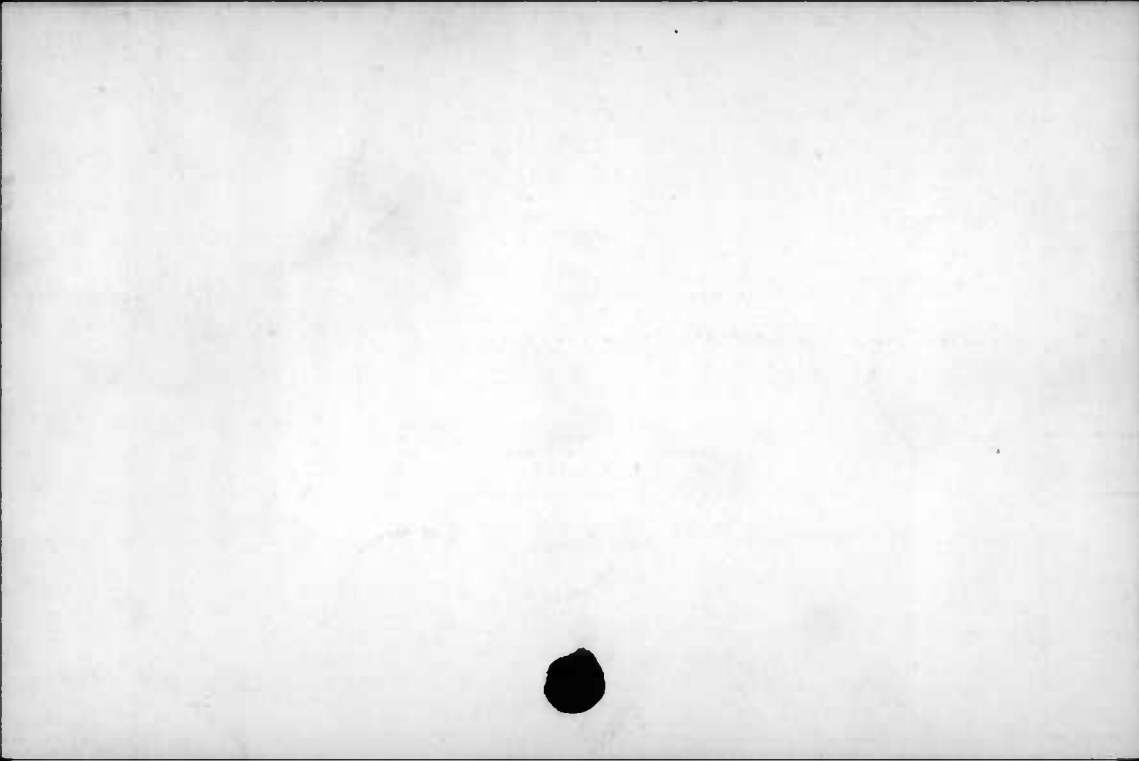
Died at <i>Annapolis</i>		Town <i>Annapolis</i>		County <i>C. C. Co.</i>		MAYLAND	
Date of death	<i>1907</i>	Month <i>Sept.</i>	Day <i>4<sup>th</sup></i>	Years <i>22</i>	Age	Months <i>7</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White.</i>		Birth-place <i>Kentucky</i>				
Occupation <i>German</i>			Where Residing if not at place of death <i>Annapolis.</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Ellen Mauppin.</i>						
Father's Name <i>J. Mauppin</i>	Father's Birthplace <i>Kentucky</i>						
Mother's Maiden Name <i>Ellen Kiser.</i>	Mother's Birthplace <i>" "</i>						
Name of person giving information <i>Wm A Mauppin</i>			How related to deceased <i>Wife.</i>				

## CAUSES OF DEATH

153

PHYSICIAN  
OR CORONER

Primary	<i>Cortolic Acid poisoning (probably)</i>	
Immediate	<i>Shows —</i>	
Are the name, age, sex, color, date and place correctly given above?	<i>Apparently</i>	Signature of Physician <i>George Rickard</i>
		Address <i>Durham, N. C.</i>
Accident or Suicide?	<i>Suicide</i>	



Name  
in  
Full

**Orva Chester Meader**

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

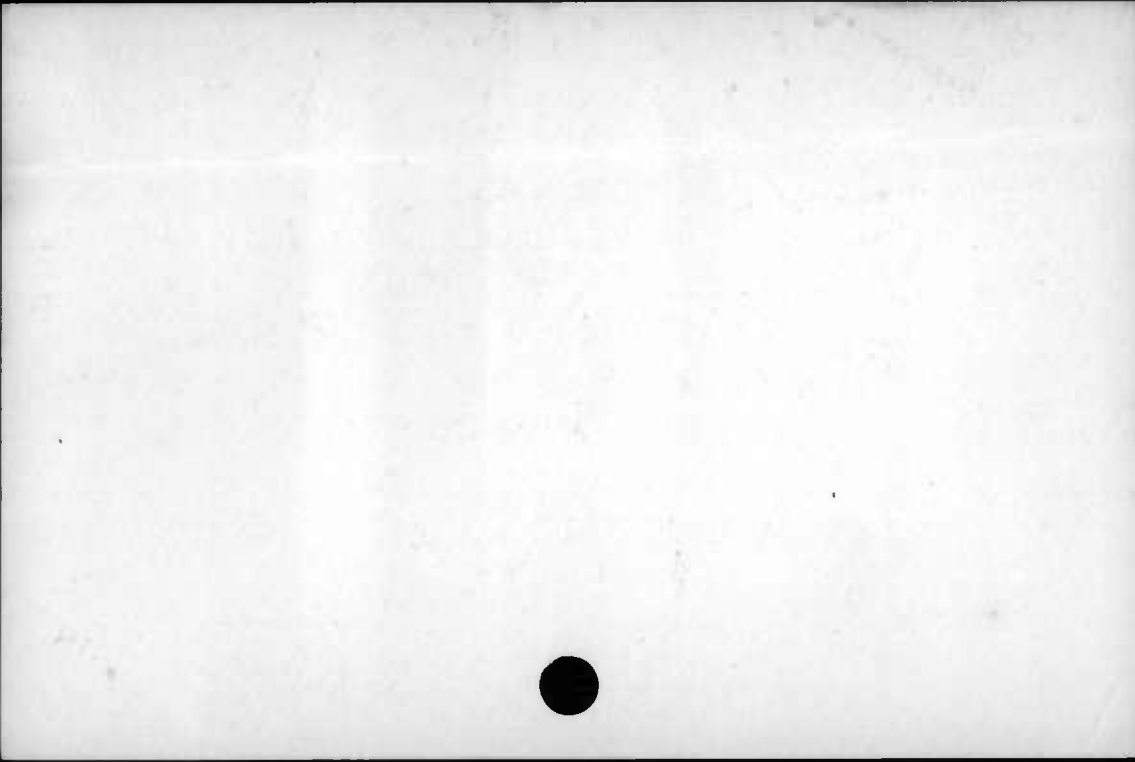
Died at <b>So. Balto</b> <small>Town</small>		<b>a. a.</b> <small>County</small>		MARYLAND	
Date of death	<b>1907</b>	Month <b>Sept</b>	Day <b>13</b>	Age <b>—</b>	Months <b>9</b> Days <b>28</b>
Sex <b>Male</b>	Color or Race <b>White</b>		Birth-place <b>Brookline Mass</b>		
Occupation <b>—</b>			Where Residing if not at place of death <b>Brookline, Mass</b>		
Married, Single or Widowed <b>—</b>		Name of Wife or Husband <b>—</b>			
Father's Name <b>Frank H. Meader</b>			Father's Birthplace <b>Maine</b>		
Mother's Maiden Name <b>Florence A. Higgin</b>			Mother's Birthplace <b>Maine</b>		
Name of person giving information <b>Frank H. Meader</b>			How related to deceased <b>Father</b>		

CAUSES OF DEATH

**(61)**

PHYSICIAN  
OR CORONER

Primary <b>Meningitis</b>	How long <b>2 days</b>
Immediate <b>Convulsions</b>	How long <b>2 hours</b>
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>	Signature of Physician <b>Thos. B. Forton M.D.</b>
<b>2</b>	Address <b>So. Balto. Md.</b>
Accident or Suicide? <b>—</b>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

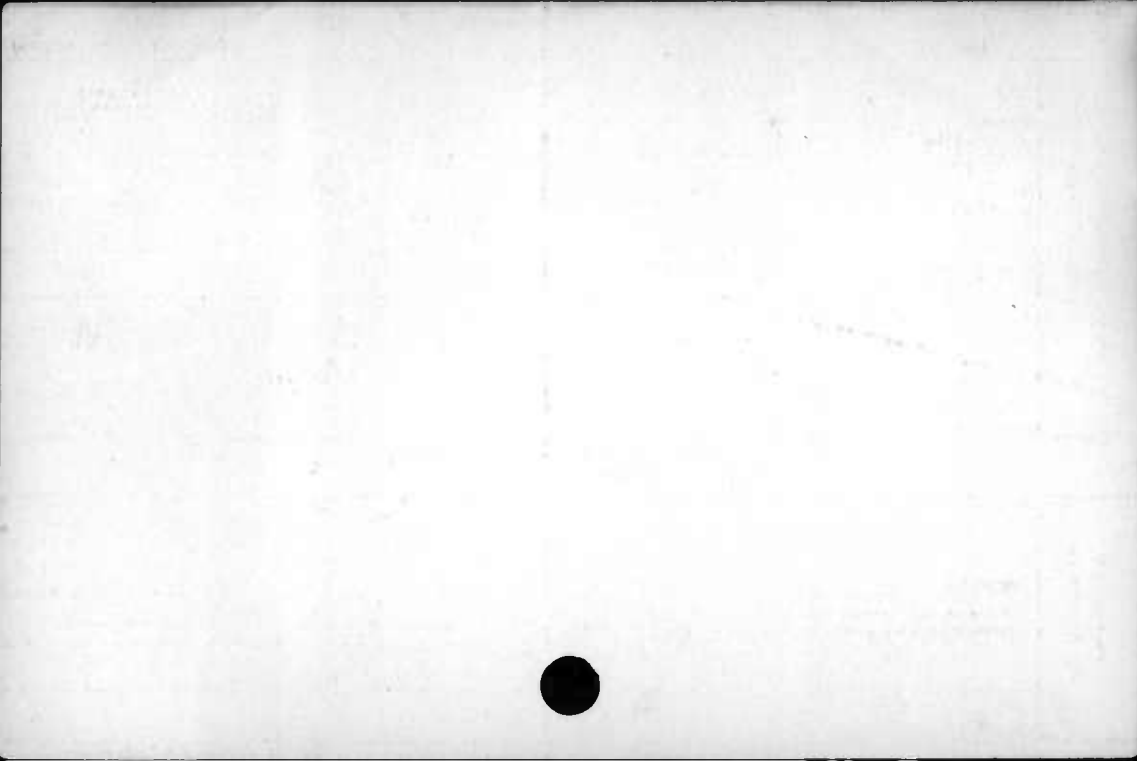
Name in Full <b>Harriel Patterson</b>		Town <b>Mar Williams</b>		County <b>Anne Arundel</b>		State <b>MARYLAND</b>	
Died at		Date of death <b>1907</b>		Month <b>Sept</b>		Day <b>7</b>	
Age <b>40</b>		Years <b>40</b>		Months		Days	
Sex <b>Female</b>		Color or Race <b>Black</b>		Birthplace <b>Anne Arundel Md</b>			
Occupation <b>House Keeper</b>		Where Residing if not at place of death					
Married, Single or Widowed <b>Married</b>		Name of Wife or Husband <b>Clavin Patterson</b>					
Father's Name <b>Unknown</b>		Father's Birthplace <b>Unknown</b>					
Mother's Maiden Name <b>Unknown</b>		Mother's Birthplace <b>Unknown</b>					
Name of person giving information <b>Joseph Benson</b>		How related to deceased <b>Friend</b>					

## CAUSES OF DEATH

(27)

PHYSICIAN  
OR CORONER

Primary	<b>Phthisis</b>	How long	<b>One year</b>
Immediate	<b>Hemorrhage &amp; Debility</b>	How long	<b>2 days</b>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<b>yes</b>		<b>Wm. W. Winterson</b>	
Accident or Suicide?		Address	
		<b>Hanover</b>	
		<b>MD</b>	



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Leuther Harris Luaid*

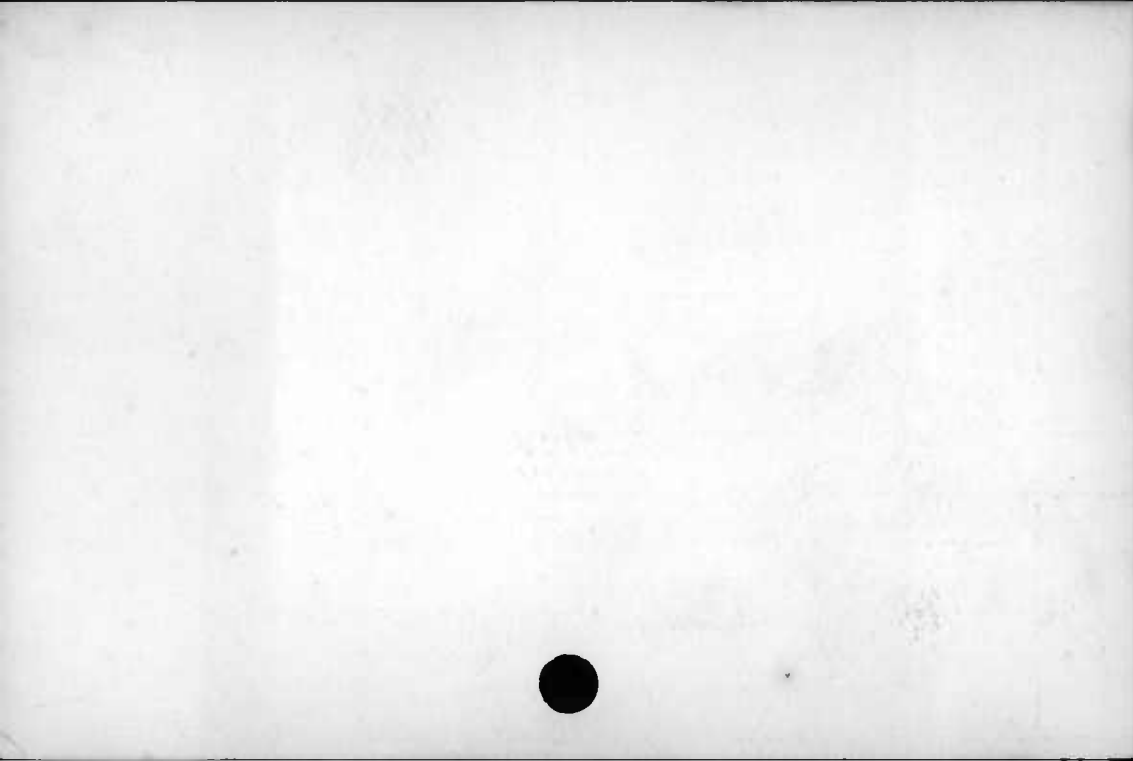
Died at <i>Annapolis</i> <small>Town</small>		<i>a a Co.</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i> <small>Year</small>	<i>Sept</i> <small>Month</small>	<i>20</i> <small>Day</small>	<i>74</i> <small>Years</small>	<i>9</i> <small>Months</small>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Charles Co. Md.</i>			
Occupation <i>Carpenter</i>	Where Residing if not at place of death <i>Annapolis</i>				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Marry A Luaid</i>				
Father's Name <i>James Luaid</i>	Father's Birthplace <i>Charles Co.</i>				
Mother's Maiden Name <i>Rebecca Pasely</i>	Mother's Birthplace				
Name of person giving information <i>George Luaid</i>	How related to deceased <i>Brother</i>				

CAUSES OF DEATH

**79**

PHYSICIAN  
OR CORONER

Primary <i>Colorful disease Heart</i>	How long <i>Five years</i>
Immediate <i>Asthma</i>	How long <i>Sudden</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo. Wells</i>
<i>No</i>	Address <i>Annapolis, Maryland</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

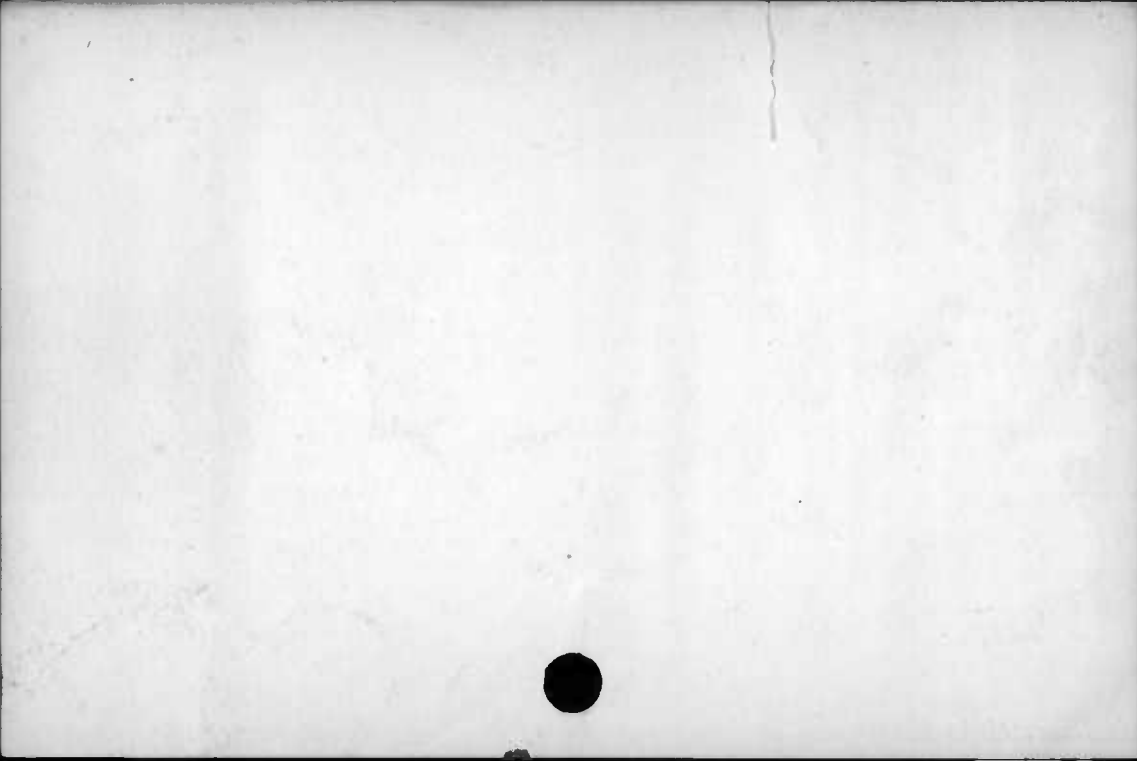
TO BE ANSWERED BY  
NEAREST FRIEND

Still Born		County		A.A. Co Md.		MARYLAND	
Died at Annapolis		Month		Day		Years	
Date of death 1907		Sept		14		Age unknown	
Sex female		Color or Race colored		Birth-place Annapolis			
Occupation Unknown		Where Residing if not at place of death		131 St Johnson St			
Married, Single or Widowed Single		Name of Wife or Husband unknown					
Father's Name James L. Luan		Father's Birthplace Annapolis					
Mother's Maiden Name Nellie Carroll		Mother's Birthplace Annapolis					
Name of person giving information Lillie Parker		How related to deceased Grand Mother					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Unknown, Still Born		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician P. D. K...	
		Address 60 Cathedral St Annapolis Md.	
Accident or Suicide?			



Name  
in  
Full

(Stillborn)

Sears

## CERTIFICATE OF DEATH

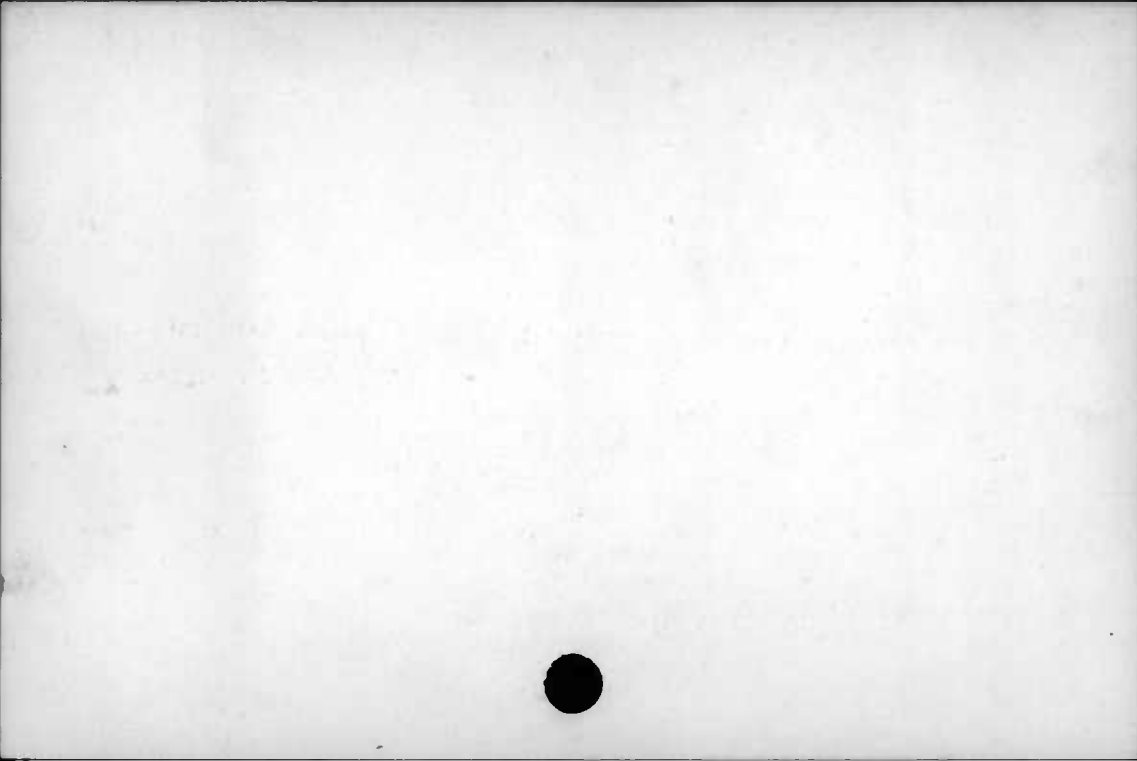
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Annapolis</b> <sup>Town</sup>		<b>Anne Arundel</b> <sup>County</sup>		<b>MARYLAND</b>	
Date of death	<b>1907</b>	Month <b>Sept.</b>	Day <b>4</b>	Age <b>none</b>	Months <b>—</b> Days <b>—</b>
Sex <b>Male</b>	Color or Race <b>White</b>		Birth-place <b>Annapolis, Md.</b>		
Occupation <b>none</b>	Where Residing if not at place of death <b>Annapolis Md.</b>				
Married, Single or Widowed <b>Single</b>	Name of Wife or Husband				
Father's Name <b>Beauregard Sears</b>	<b>(S)</b>		Father's Birthplace <b>Anne Arundel Co.</b>		
Mother's Maiden Name <b>Lilly Belle Troth</b>			Mother's Birthplace <b>Anne Arundel Co.</b>		
Name of person giving information <b>Lilly B. Sears</b>			How related to deceased <b>Mother</b>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Placenta Praevia</b>	<b>(S)</b>	How long <b>24 hours</b>
Immediate <b>Compression Cord</b>		How long <b>Ten minutes</b>
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>F. H. Thompson M.D.</b>	Address <b>193 Church St. Annapolis, Md.</b>
<b>Accident or Suicide?</b>		



Name  
in  
Full

## CERTIFICATE OF DEATH

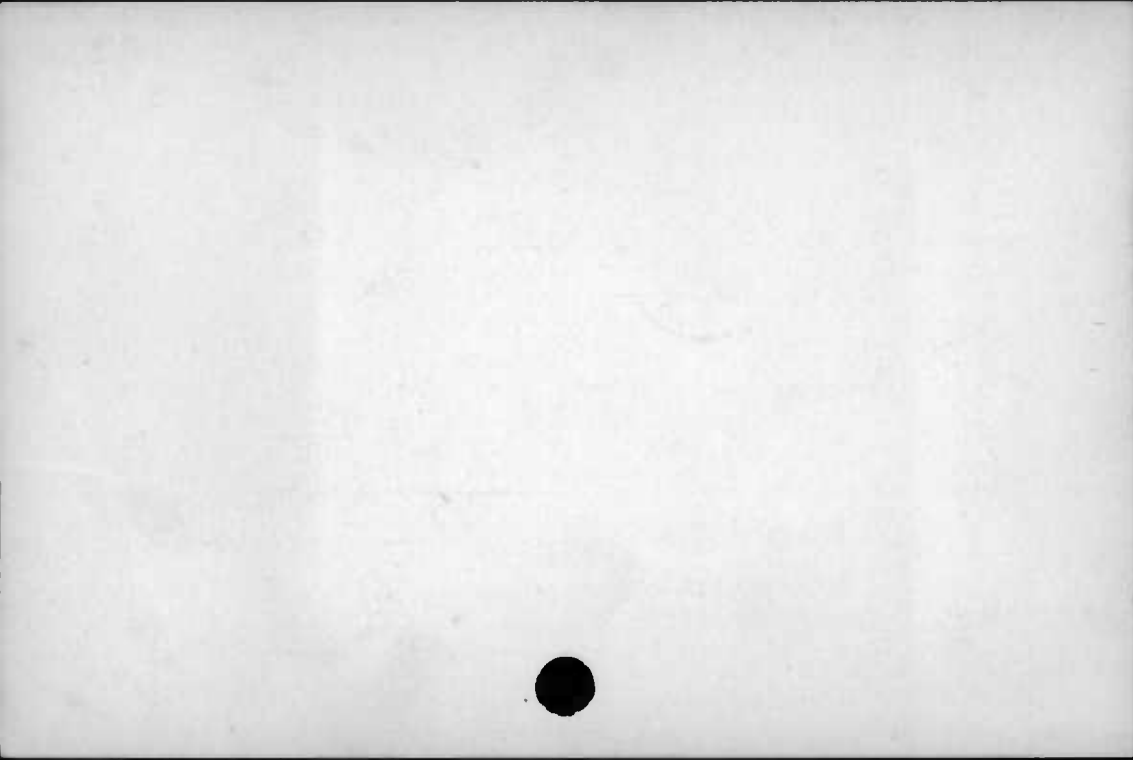
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>East-Port</i> Town		<i>Anne Arundel</i> County		MARYLAND	
Date of death	1907	Month	Sept.	Day	19
Age	Years		Months		Days
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation			Birth-place	<i>East-Port</i>	
Married, Single or Widowed			Name of Wife or Husband		
<i>Single</i>					
Father's Name			Father's Birthplace		
<i>Frank E. Short</i>			<i>C. A. Colne</i>		
Mother's Maiden Name			Mother's Birthplace		
<i>Emma B. Carroll</i>			<i>Annapolis</i>		
Name of person giving information			How related to deceased		
<i>Frank E. Short</i>			<i>Brother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Enterocolitis</i>	<i>105</i>	How long	<i>3 months</i>
Immediate	<i>Exhaustion</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
<i>Yes</i>		<i>E. L. Heblum</i>		
		Address		
		<i>Annapolis</i>		
		<i>Md.</i>		
Accident or Suicide?				



Name  
in  
Full

Joseph Bernard Simms

## CERTIFICATE OF DEATH

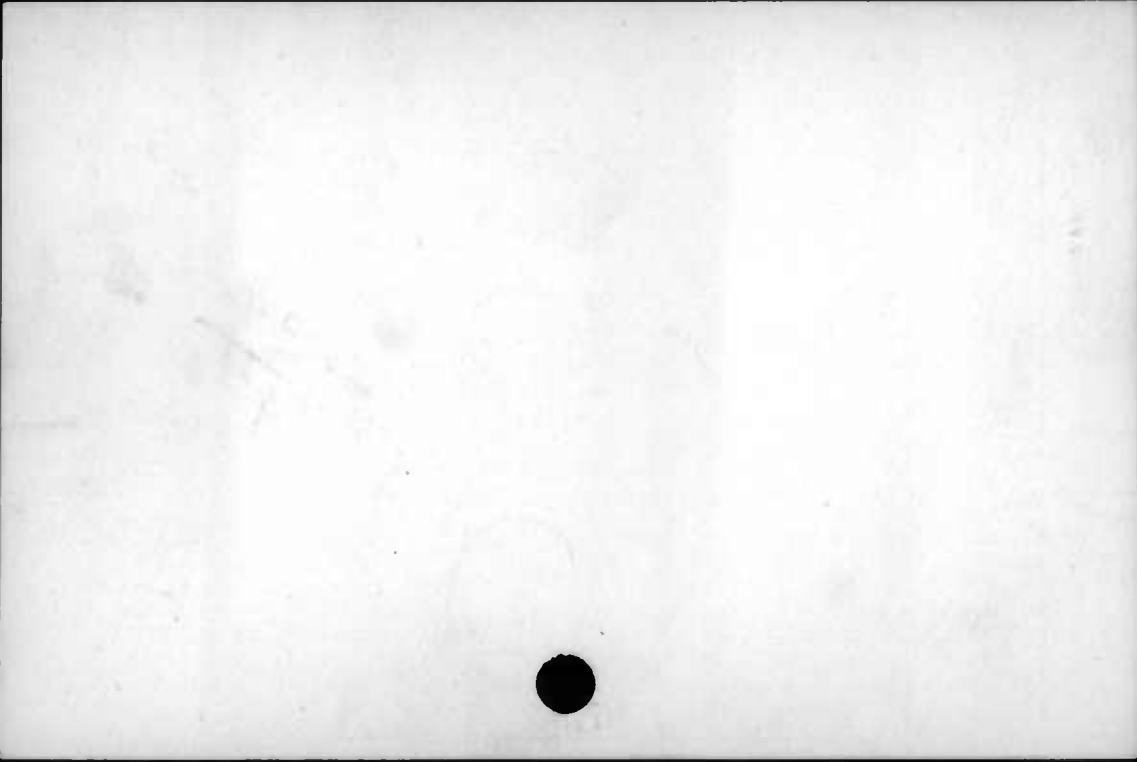
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Annapolis			County <sup>County</sup> a - a Co.			MARYLAND		
Date of death		Month	Day	Age	Years	Months	Days	
1907		Sept	10			5	2	
Sex Male			Color or Race Colord.			Birth place Annapolis		
Occupation			Where Residing if not at place of death			Acton Lane.		
Married, Single or Widowed Single			Name of Wife or Husband unknown.					
Father's Name Oliver Simms.			Father's Birthplace Annapolis.					
Mother's Maiden Name Mary Joseph Gardiner			Mother's Birthplace Annapolis					
Name of person giving information Mary Joseph Gardiner			How related to deceased Mother					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Marasmus	How long	15 Months
Immediate	Exhaustion	How long	Gradual
Are the name, age, sex, date and place correctly given above?		Signature of Physician John Ridout M.D.	
yes		Address Annapolis Md	
Accident or Suicide?			



Name  
in  
Full

Alanca Marrel Stallings

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

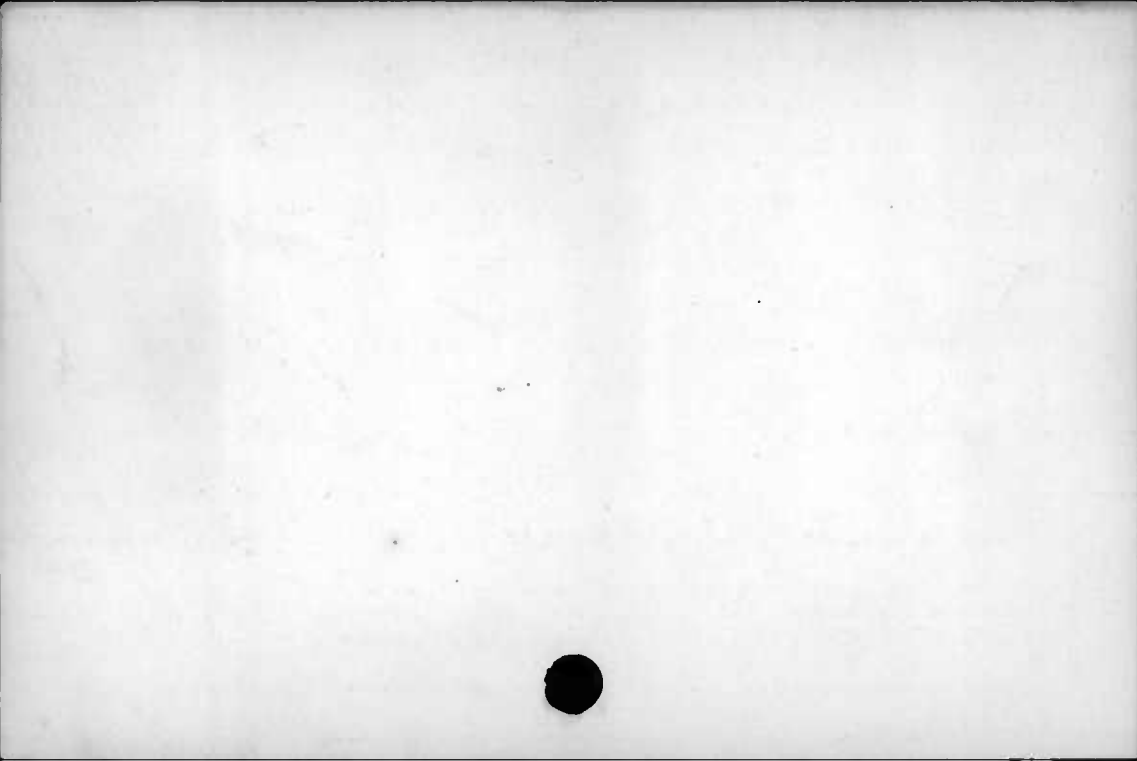
Died at <u>Annapolis</u> <sup>Town</sup>		<u>A a Co</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1907</u> <sup>Month</sup>	<u>Sept.</u> <sup>Day</sup>	<u>14</u> <sup>Age</sup>	<u>7</u> <sup>Years</sup>	<u>8</u> <sup>Months</sup>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>A a Co. Md</u>
Occupation	<u>None</u>	Where Residing if not at place of death		<u>Annapolis, Md.</u>	
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband	<u>None</u>		
Father's Name	<u>Byron Stallings</u>			Father's Birthplace	<u>Calvert Co. Md</u>
Mother's Maiden Name	<u>Edith Norfolk</u>			Mother's Birthplace	<u>" "</u>
Name of person giving information	<u>Byron Stallings</u>			How related to deceased	<u>Father</u>

## CAUSES OF DEATH

106

PHYSICIAN  
OR CORONER

Primary	<u>Acute Dis-Colitis</u>	How long	<u>3 days</u>
Immediate	<u>As the cause</u>	How long	<u>12 hours</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>Louis B. Neufeldt</u>
		Address	<u>Annapolis, Md.</u>
Accident or Suicide?	<u>Neither</u>		



Name  
in  
Full

Wladyslaw Swierczewski

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Curtis Bay		A A		MARYLAND	
Date of death		1907	Sept.	26	Age	Months	Days
Sex		Male		Color or Race		White	
Occupation		None. Infant		Where Residing if not at place of death		Curtis Bay	
Married, Single or Widowed		Infant		Name of Wife or Husband		John Swierczewski	
Father's Name		John Swierczewski		Father's Birthplace		Poland	
Mother's Maiden Name		Adela Michalska		Mother's Birthplace		Poland	
Name of person giving information		John Swierczewski		How related to deceased		Father	

CAUSES OF DEATH

88

PHYSICIAN  
OR CORONER

Primary	Croup Laryngitis	How long	24 hours
Immediate	Asphyxia	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		William D. Scott.	
Address		Curtis Bay	
Accident or Suicide?		No	

Under Lake  
Jacob. Tietonki-

Holy. Cross Cemetery

---

Name  
in  
Full

Mary Ann Gaylor

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Rhode River</i> <small>Town</small>		<i>Anne Arundel</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i> <small>Month</small>	<i>Sept</i> <small>Day</small>	<i>26</i> <small>Years</small>	<i>73</i> <small>Months</small>	<i></i> <small>Days</small>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>A. A. Co</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Widow</i>	Name of Wife or Husband	<i>George W. Gaylor</i>		
Father's Name	<i>William Zucker</i>		Father's Birthplace	<i>A. A. Co</i>	
Mother's Maiden Name	<i>Marice Clark</i>		Mother's Birthplace	<i>Prince George</i>	
Name of person giving information	<i>Bettie Homberg</i>		How related to deceased	<i>Saughter</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Diarrhoea</i>	How long	<i>3 months</i>
Immediate	<i>Paralysis</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>John Collinson</i>
<i>yes</i>		Address	<i>South River</i>
Accident or Suicide?		<i>Ad</i>	



Name  
in  
Full

Anareas Thierauf

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

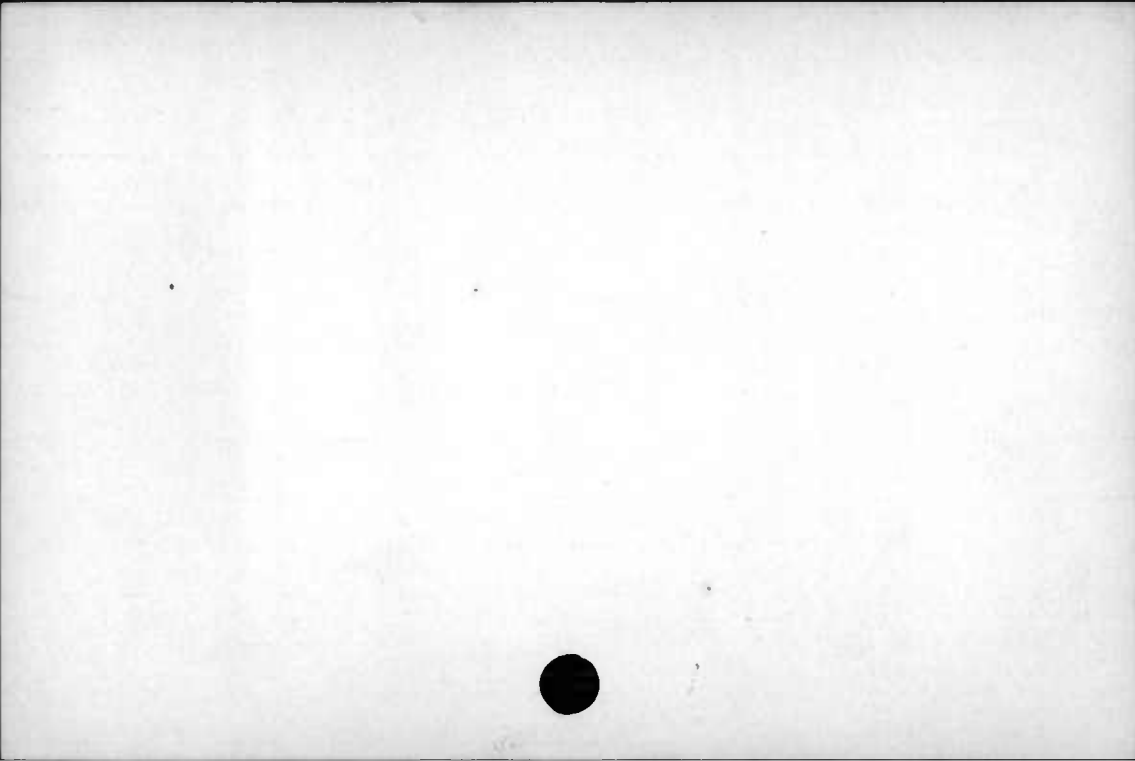
Died at <i>Stony Creek</i>		County <i>A. A.</i>		MARYLAND	
Date of death	1907	Month	Sept	Day	10
Age	19	Years	10	Months	24
Sex	Male	Color or Race	White	Birthplace	Baltimore
Occupation	Laborer		Where Residing if not at place of death		
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	Fritz Thierauf		Father's Birthplace Germany		
Mother's Maiden Name	Annie Schmidt		Mother's Birthplace Germany.		
Name of person giving information	Joseph Stuntz		How related to deceased None		

## CAUSES OF DEATH

119

PHYSICIAN  
OR CORONER

Primary	Bright's Disease	How long	3 months
Immediate	Exhaustion	How long	(?).
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	James Cooper
		Address	1322 E. Hill St. Balto.
Accident or Suicide?			



Name  
in  
Full

Viola Thomas

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

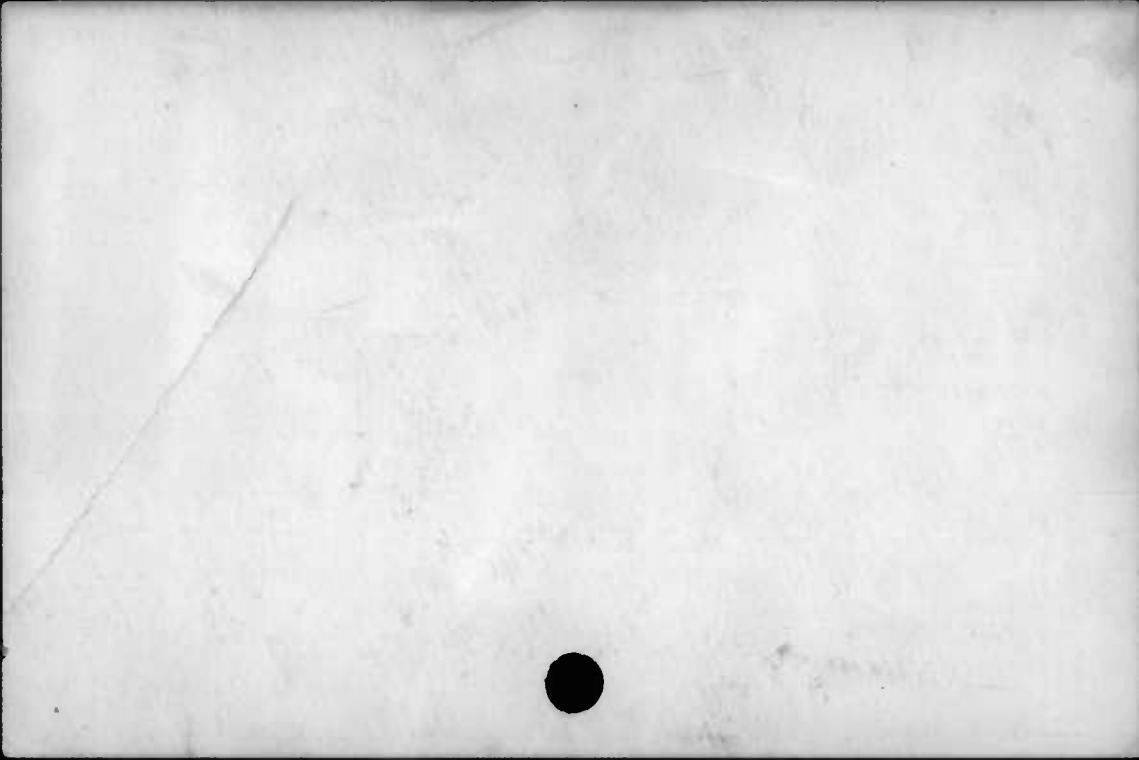
Died at <u>Annapolis</u> <small>Town</small>		<u>Anne Arundel</u> <small>County</small>		MARYLAND	
Date of death 1907	Sept	Day 6	Age	Years 2	Months
Sex Female	Color or Race Colored	Birth-place		Annapolis	
Occupation			Where Residing if not at place of death 69 Acton Lane		
<del>Married</del> , Single <u>Single</u>		Name of Wife or Husband			
Father's Name Garfield Thomas			Father's Birthplace <u>Adams</u>		
Mother's Maiden Name Alice Queen			Mother's Birthplace <u>Annapolis</u>		
Name of person giving information Mother			How related to deceased Mother		

## CAUSES OF DEATH

(151)

PHYSICIAN  
OR CORONER

Primary	<u>Marasmus</u>	How long	<u>Since Birth</u>
Immediate	<u>Exhaustion</u>	How long	<u>Gradual</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		Address	
Accident or Suicide?		<u>John Ridout</u> <u>Annapolis</u>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Brooklyn</u> <sup>Town</sup>		<u>A. A.</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1907</u> <sup>Year</sup>	<u>Sept</u> <sup>Month</sup>	<u>8</u> <sup>Day</sup>	<u>—</u> <sup>Years</sup>	<u>21</u> <sup>Months</sup> <u>—</u> <sup>Days</sup>
Sex	<u>Male</u>	Color or Race	<u>Colored</u>	Birth-place	<u>Brooklyn</u>
Occupation	<u>Drum</u>		Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband	<u>A. A. Jones</u>		
Father's Name	<u>Amos M. Jones</u>			Father's Birthplace	<u>va</u>
Mother's Maiden Name	<u>Virginia Jones</u>			Mother's Birthplace	<u>va</u>
Name of person giving information	<u>J. A. Jones</u>			How related to deceased	<u>father</u>

## CAUSES OF DEATH

153

PHYSICIAN  
OR CORONER

Primary	<u>Refused to nurse</u>	How long	<u>fraternal</u>
Immediate	<u>As the nurse</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>H. A. Jones</u>
		Address	<u>1278 P. Charles St</u>
Accident or Suicide?	<u>—</u>		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

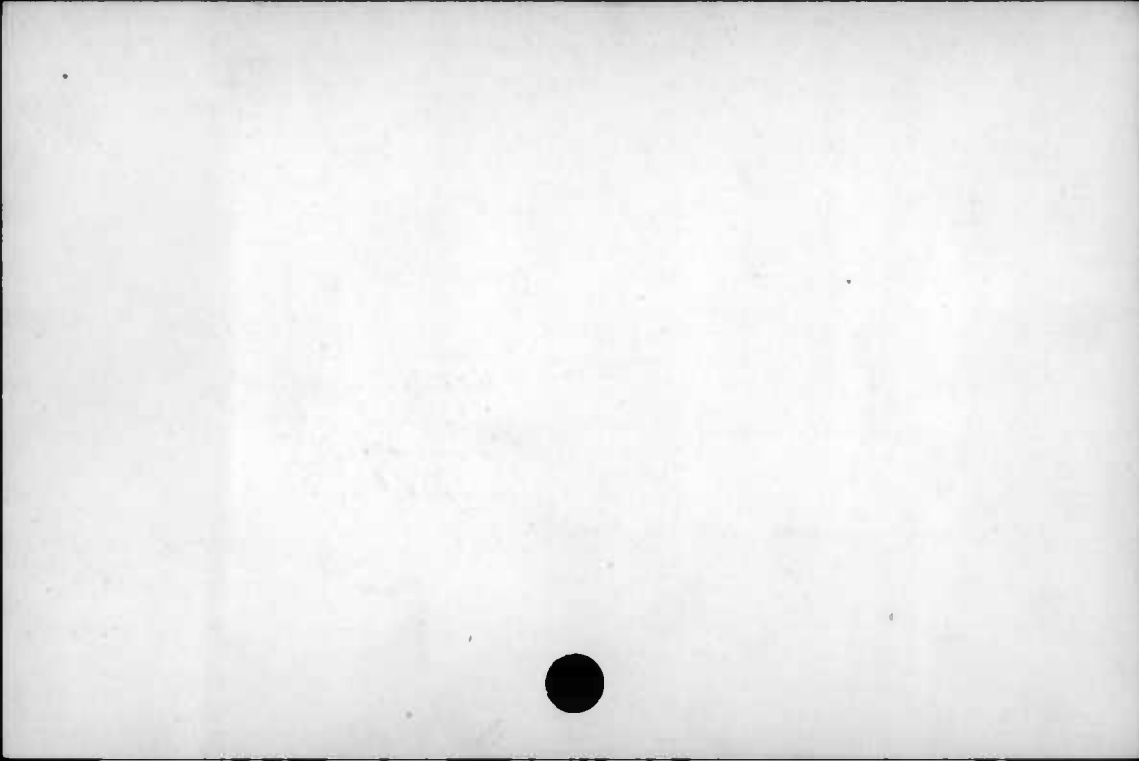
Died at <i>Jones Sta</i>		County <i>S. S. Co</i>		MARYLAND	
Date of death	1907	Month	Sept	Day	27
Age	18	Years	8	Months	—
Sex	Male	Color or Race	White	Birth-place	S. S. Co
Occupation	Farmer		Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband	None		
Father's Name	Harry W. White			Father's Birthplace	Wash. D.C.
Mother's Maiden Name	Matha E. Hall			Mother's Birthplace	S. S. Co
Name of person giving information	Henry W. White			How related to deceased	Father

## CAUSES OF DEATH

172

PHYSICIAN  
OR CORONER

Primary	Drowned in	How long	—
Immediate	Dividing Creek	How long	—
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	Chas D Reiken T.D.
		Address	Robinson
Accident or Suicide?	Accident		Mr.



Name  
in  
Full

Melville Dunlap Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

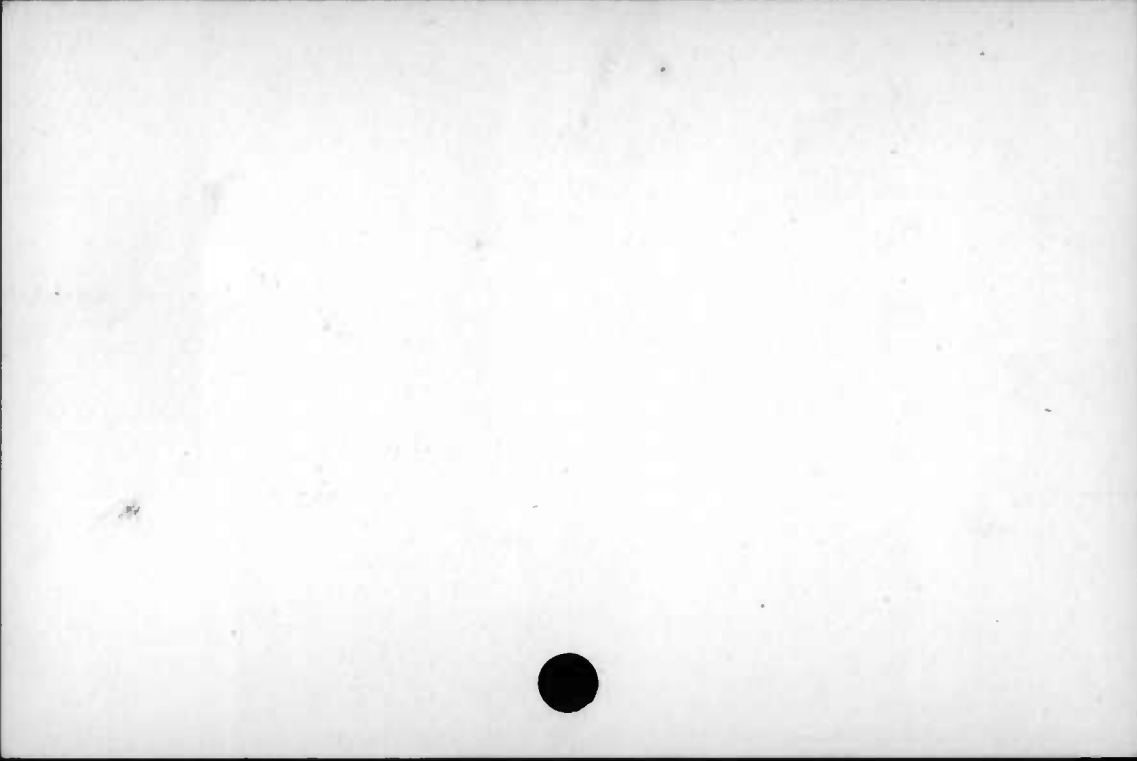
Died at		Town		County		MARYLAND	
P. O., 32 <sup>nd</sup> dist.		Anne Arundel					
Date of death	1907	Month	Sept.	Day	10	Age	Years
						Months	11
						Days	16
Sex	Male			Color or Race	White		Birth-place
						A. A. Co.	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name	Percy Williams					Father's Birthplace	A. A. Co.
Mother's Maiden Name	Emma E. Dunlap					Mother's Birthplace	A. A. Co.
Name of person giving information	Percy Williams					How related to deceased	Father.

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	Cholera Infantum		How long	11 months
Immediate	Mal. nutrition		How long	Immediate
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			James S. Billingsley	
			Address	
			Armiger	
Accident or Suicide?		No	Md	



Name  
in  
Full

James Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Annapolis Town AA County AA MARYLAND  
Date of death 1907 Month Sept Day 9<sup>th</sup> Age 1 Years 2 Months 2 Days  
Sex Male Color or Race colored Birth-place Annapolis  
Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

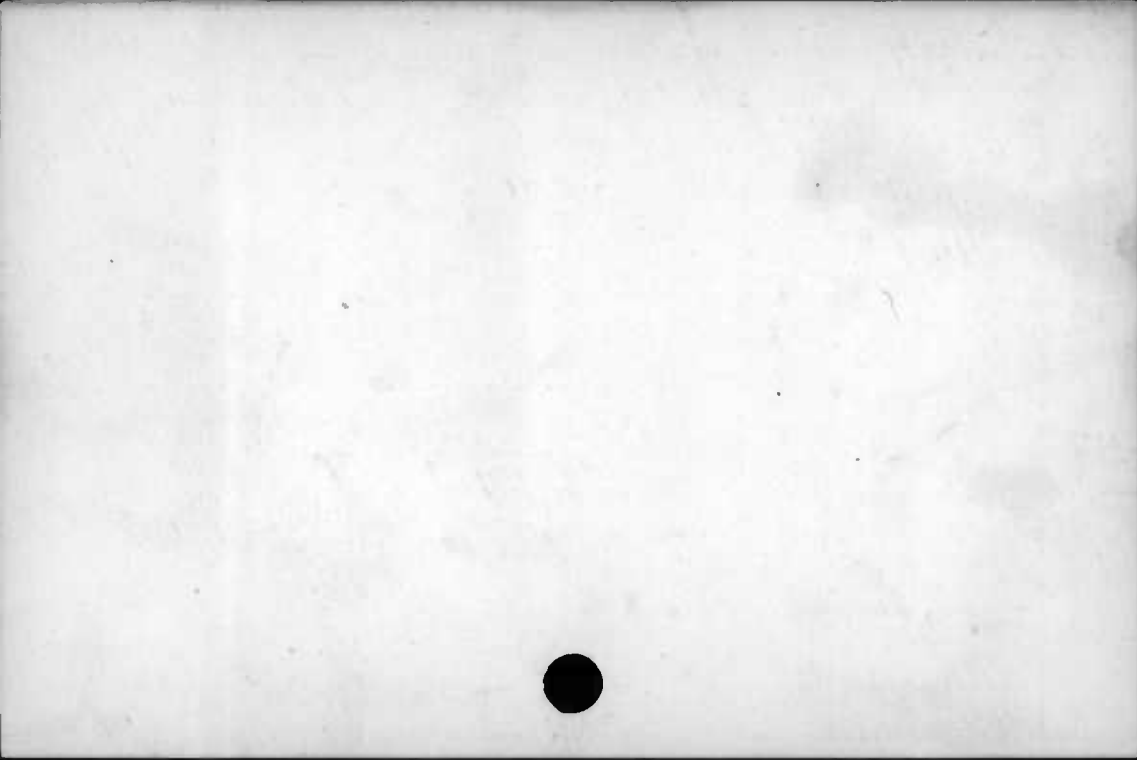
Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_  
Father's Name Wm Wilson ✓ Father's Birthplace AA Co Md  
Mother's Maiden Name Mary Hawkins Mother's Birthplace AA Co Md  
Name of person giving information Father Wm Wilson How related to deceased Father

CAUSES OF DEATH

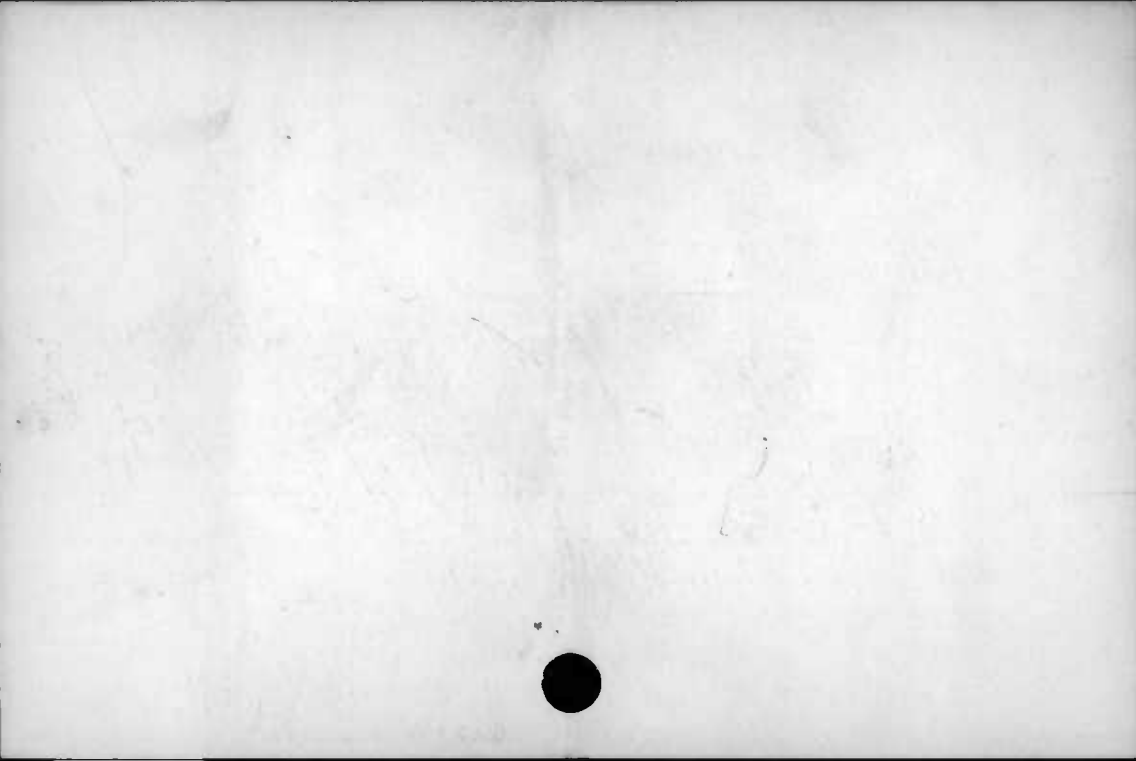
(179)

PHYSICIAN  
OR CORONER

Primary Marasmus How long Months  
Immediate Exhaustion How long Gradual  
Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician John Ridout  
Address Annapolis Md  
Accident or Suicide? \_\_\_\_\_



Name in Full		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND	Jaschanah Wilson		County		MARYLAND		
	Died at Parole		Tcwn		County		
	Date of death 1907		Month Sept		Day 4		Age 5-8
	Sex Male		Color or Race Colored		Birthplace A.A.C.		Months
	Occupation Laborer		Where Residing if not at place of death Camp Parole		Days		
	Married, Single or Widowed Single		Name of Wife or Husband Emaline Wilson				
	Father's Name William Wilson		Father's Birthplace A.A.C.				
Mother's Maiden Name Doug / Enoch		Mother's Birthplace					
Name of person giving information Elias Wilson		How related to deceased		Son			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Chronic Nephritis		How long Months		
	Immediate		Exhaustion		How long Gradual		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address		
	Yes		John Ridout		Annapolis, Md		
	Accident or Suicide?						



Name  
in  
Full

Emily R Woodward

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

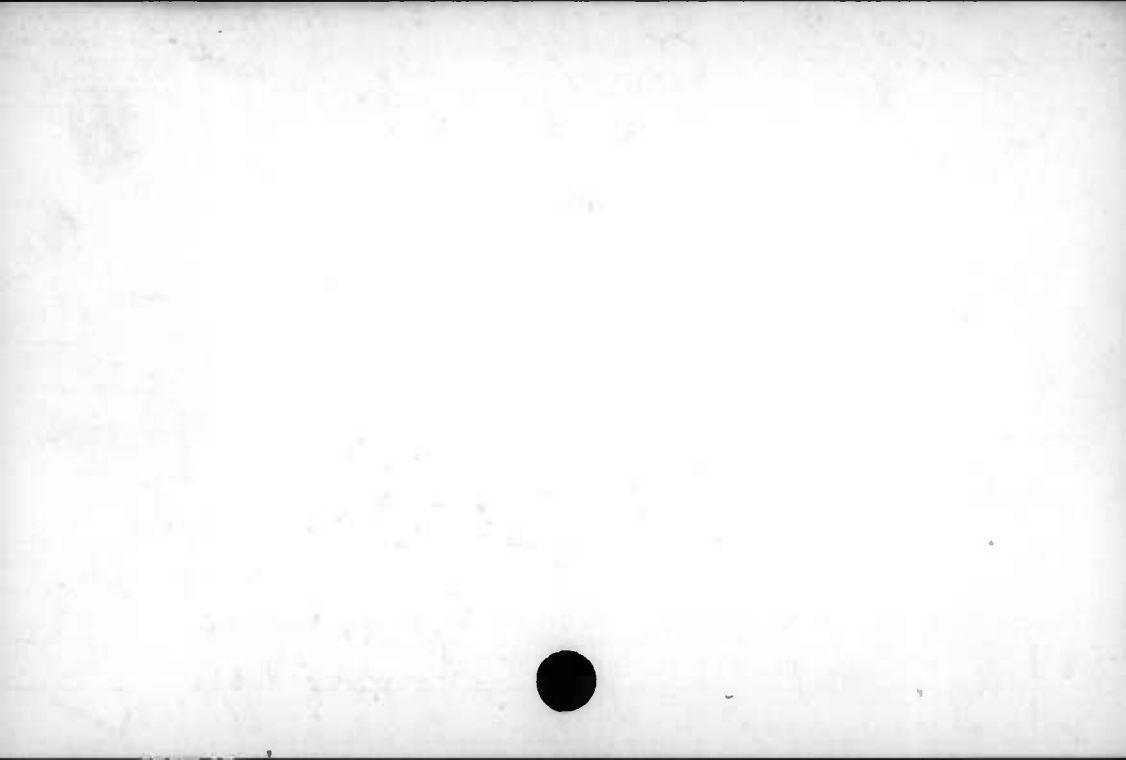
Died at <i>Annapolis Md</i>		Town <i>Annapolis Md</i>		County <i>St. Anne's County</i>		MARYLAND	
Date of death	1907	Month	Sept	Day	13 <sup>th</sup>	Age	73
Sex	Female		Color or Race	White		Birth-place	4 <sup>th</sup> District St. Anne's County
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Nicholas Woodward				Father's Birthplace	
Mother's Maiden Name		Sarah Gambrill				Mother's Birthplace	
Name of person giving information		S. S. Woodward				How related to deceased	
						Brother	

## CAUSES OF DEATH

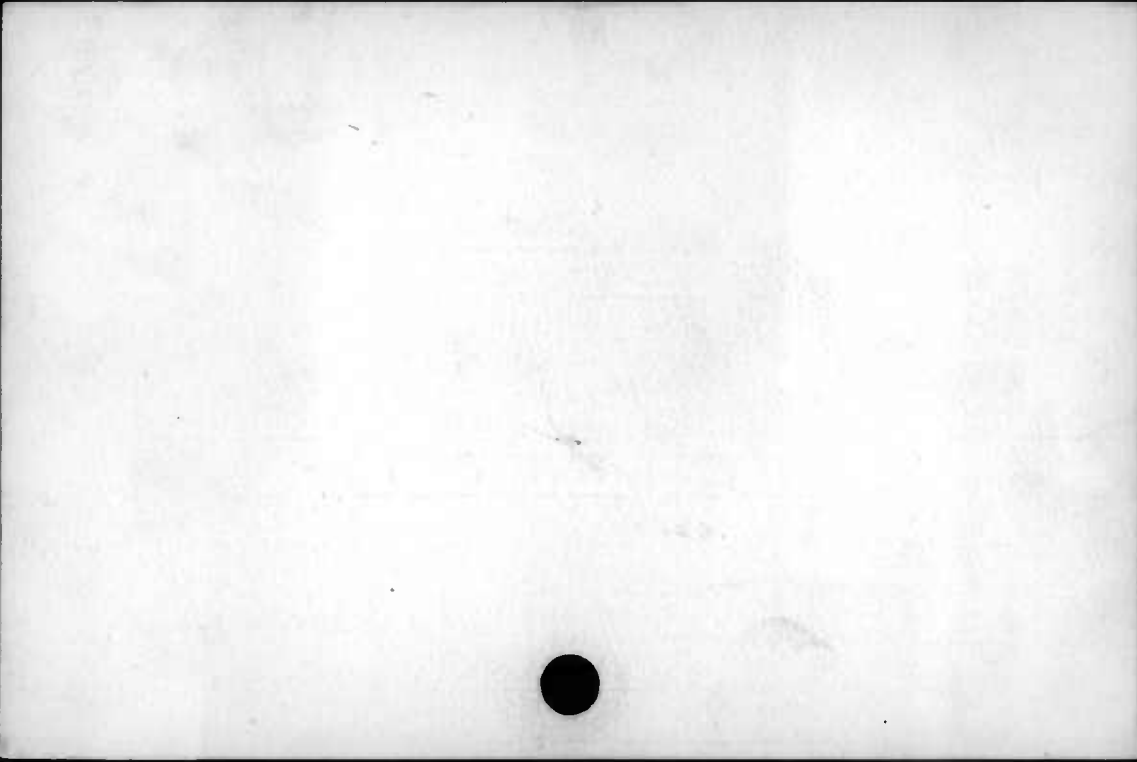
43

PHYSICIAN  
OR CORONER

Primary	Cancer of Breast	How long	3 years.
Immediate	Athermia	How long	4 days.
Are the name, age, sex, color, date and place correctly given above?		yes	
Accident or Suicide?		no	
Signature of Physician		Geo. Wells.	
Address		Annapolis Maryland.	



Name in Full		Certificate of Death			
Arthur A Young		Town		County	
Died at		Brooklyn		Maryland	
Date of death		1907	Month 9	Day 13	Age
					Years
					Months
					Days
Sex		Male		Color or Race	
				Col	
Birth-place		Male			
Occupation				Where Residing if not at place of death	
Married, Single or Widowed		Single		Name of Wife or Husband	
Father's Name		Unknown		Father's Birthplace	
				Unknown	
Mother's Maiden Name		Unknown		Mother's Birthplace	
				Unknown	
Name of person giving information		Rosa Gross		How related to deceased	
				Step Grandmother	
CAUSES OF DEATH					
Primary		Intestines		How long	
				105	
Immediate				How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		W. S. Broedel	
		Address		St. Paul, Md.	
Accident or Suicide?					



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Maryam. Hiobron  
East. Brooklyn PA County

Date of death 1907 Sept. 4th Age 1. Months — Days —

Sex Male. Color or Race White Birth-place East Brooklyn

Occupation None Where Residing if not at place of death East Brooklyn

Married, Single or Widowed Infant. Name of Wife or Husband Infant

Father's Name Klemens Hiobron Father's Birthplace Austria

Mother's Maiden Name Lucyna Mikolajczak Mother's Birthplace Poland

Name of person giving information Klemens Hiobron How related to deceased Father

## CAUSES OF DEATH

(105)

Primary i. Gorkh Tuberculosis How long 10 days

Immediate Exsanguination How long 1 day

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician J. H. H. H. H.

Address 1000 1/2

Accident or Suicide? No

PHYSICIAN  
OR CORONER

Underaker.

Jacob. Trautkowski.

Place of Burial

Holy Cross Cemetery